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UNFPA IN 1993:

PROGRAMME AND FINANCIAL HIGHLIGHTS

Pledges and contributions

- Income in 1993 (provisional) totalled $219.6 million, compared to 1992 income of $238.2 million, a decrease of 7.8 per cent.

- Pledges to UNFPA's general resources in 1993 totalled $216.6 million, $17.2 million less than in 1992, a percentage decrease of 7.4 per cent. At year's end, cumulative pledges through 1993 totalled $2.9 billion from a cumulative total of 164 donors.

- The number of donors in 1993 totalled 101. There were three first-time donors in 1993 (Costa Rica, Ireland and Namibia).

- The Fund's ongoing efforts to seek additional resources for population projects and programmes generated $14.8 million for multi-bilateral projects and $10.9 million for programmes through other financial arrangements in 1993.

Allocations and expenditures

- Total (provisional) programmable resources for 1993 were $205.6 million, compared to $184.6 million for 1992.

- Project allocations in 1993 totalled $206.1 million, including $35.4 million of unspent allocations from 1992. Project allocations in 1992 totalled $163.6 million, including $40.2 million of unspent allocations from 1991. Project expenditures (provisional) for 1993 totalled $146.3 million compared to project expenditures in 1992 of $128.2 million. The resource utilization rate (expenditures divided by programmable resources, as approved by the Governing Council in decision 89/46 B) was provisionally 82.8 per cent in 1993 compared to 81.8 per cent in 1992.

- Expenditures (provisional) in 1993 totalled $215.4 million, compared to $193.6 million in 1992. The 1993 figure includes $116.5 million for country programmes, compared to $103.1 million in 1992; $29.8 million for intercountry (regional and interregional) programmes, compared to $25.1 million for 1992. Total administrative and programme support services (APSS) expenditures for both headquarters and field offices were $45.1 million in 1993 (net of $2.9 million overhead credits), compared to $42.6 million in 1992 (net of $2.5 million overhead credits). Field office costs were $20.5 million in 1993 compared to $18.8 million in 1992. Technical support services (TSS) under the successor support-cost arrangements approved by the Governing Council in decision 91/37 were $17.4 million. Administrative and operational services (AOS) costs, set by the Governing Council at 7.5 per cent of expenditures of country activities, were $6.6 million.

- 480 new projects were approved in 1993, amounting to $72.0 million, compared to 429 new projects in 1992 amounting to $43.5 million.

- At year's end, UNFPA was assisting 1,560 projects: 1,262 country, 127 regional and 171 interregional projects. The breakdown of country projects by region was as follows: 493 country and regional projects in Africa; 384 in Asia and the Pacific; 208 in Latin America and the Caribbean; 177 in the Arab States and Europe.

. For allocations in 1993 by major function, by geographical area, and by country category, see data on page 5.

Country activities

. 368 new country projects were approved in 1993, amounting to $60.4 million or 36.8 per cent of total allocations of $164.1 million to country projects, compared to 289 new country projects in 1992 amounting to $24.9 million or 24.2 per cent of total expenditures for country projects in 1992.

. Allocations to continuing country projects amounted to $103.7 million or 63.2 per cent of total allocations to country projects, compared to expenditures for continuing country projects amounting to $77.9 million in 1992 or 75.8 per cent of total expenditures for country projects.

. For allocations to country activities, by work plan category, and by priority and non-priority country and regional activities, see table, page 6.

Priority countries

. In accordance with the criteria and thresholds approved by the Governing Council in decision 88/34 A, adopted at its thirty-fifth session in June 1988, effective 1 January 1992, 58 countries have been given priority status. By geographic area, these priority countries number: Africa, 32; Asia and the Pacific, 17; Latin America and the Caribbean, 5; and Arab States, 4. (For a list of priority countries see p. 6.)

. Of the total amount of resources allocated to country programmes and projects in 1993, 72.6 per cent was allocated to these priority countries, compared to 75.8 per cent of expenditures in 1992.

. Total allocations in 1993 to priority countries amounted to $119.0 million, compared to $77.9 million in expenditures for priority countries in 1992.

Intercountry activities

. Allocations for intercountry activities (regional and interregional) totalled $41.9 million in 1993, compared to $25.5 million in expenditures in 1992. By category of activity, these allocations were: regional, $16.6 million in 1993, compared to $9.8 million in expenditures in 1992; interregional, $25.5 million in 1993, compared to $15.5 million in expenditures in 1992.

. Intercountry programmes accounted for 20.4 per cent of 1993 total allocations, compared to 19.8 per cent of expenditures in 1992.

Execution of projects

. The number of projects directly executed by Governments in 1993 numbered 473, compared to 365 in 1992, and totalled $42.4 million or 20.6 per cent of total 1993 programme allocations, compared to $27.4 million or 21.4 per cent of programme expenditures in 1992.

. For allocations in 1993 by executing agency, see table, page 5.

Programme Review and Strategy Development missions

. In 1993, UNFPA undertook Programme Review and Strategy Development (PRSD) missions to five countries - two in Africa (Chad and Zambia) and three in the Asia and the Pacific Region (Islamic

Republic of Iran, Maldives and the Philippines). Total missions (Programme Review and Strategy Development and Basic Needs Assessment missions) conducted since 1977 through 1993 are 189.

Administration and personnel

In 1993, administrative and programme support services (APSS) expenditures (provisional), including both headquarters and field office costs, were $45.1 million (net of $2.9 million of overhead credits) or 20.5 per cent of the 1993 total estimated income of $219.6 million. Comparable administrative expenditures in 1992 were $42.6 million, or 17.9 per cent of the 1992 income of $238.2 million.

As of 1 January 1993, in accordance with Governing Council decisions 85/20 of June 1985, 86/35 of June 1986, 87/31 of June 1987, 88/36 of June 1988, 89/49 of June 1989, 90/36 of June 1990, 91/36 of June 1991, and 93/28 of June 1993, the total number of authorized budget posts was 837, comprising 304 Professional (including 124 national programme officers) and 533 General Service staff. These include 105 Professional and 135 General Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 197[1] Professional and 396 local General Service posts in the field.

The percentage of women on UNFPA's Professional staff at headquarters and in the field reached 44 per cent in 1993, one of the highest percentages among United Nations agencies and organizations. In 1994, the percentage is expected to continue to increase.

UNFPA continued to maintain a close operational relationship with UNDP, which also provides the Fund on a reimbursable basis with some administrative support for financial and computer services, for personnel administration and travel services and for the processing of Governing Council/Executive Board documents. Following agreement between UNDP and UNFPA on the subvention arrangement, approved by the Governing Council at its thirty-fifth session (decision 88/36), UNFPA's reimbursement to UNDP for the services rendered was set in the budget at $3.9 million for the biennium 1992-1993. In 1993, UNFPA reimbursed UNDP the amount of $1.5 million.

[1]Includes 124 national programme officers.

UNFPA PROGRAMME IN 1992 AND 1993: AT A GLANCE

(Data for 1992 are expenditures; data for 1993 are allocations[1])

UNFPA assistance by major function

	In thousand $US		Percentage of total programme	
	1992	1993	1992	1993
Family planning	66,624	104,102	52.0	50.5
Communication and education	19,134	37,660	14.9	18.3
Basic data collection	8,599	13,249	6.7	6.4
Population dynamics	11,603	13,959	9.1	6.8
Formulation and evaluation of population policies	11,299	17,846	8.8	8.7
Implementation of policies	28	79	0.0	0.0
Multisector activities	5,536	8,598	4.3	4.2
Special programmes	5,409	10,573	4.2	5.1
Total	128,232	206,066	100.0	100.0

UNFPA assistance by geographical region

	In thousand $US		Percentage of total programme	
	1992	1993	1992	1993
Africa	37,049	59,333	28.9	28.8
Arab States and Europe	10,728	23,215	8.4	11.3
Asia and the Pacific	49,557	76,826	38.6	37.3
Latin America and the Caribbean	15,396	21,295	12.0	10.3
Interregional and Global	15,502	25,397	12.1	12.3
Total	128,232	206,066	100.0	100.0

UNFPA assistance by country/intercountry category

	In thousand $US		Percentage of total programme	
	1992	1993	1992	1993
Country	102,855	164,094	80.2	79.6
Intercountry	25,377	41,972	19.8	20.4
Total	128,232	206,066	100.0	100.0

UNFPA assistance by country category, all regions

	In thousand $US		Percentage of total country programme	
	1992	1993	1992	1993
Priority country	77,914	119,066	75.8	72.6
Other country	24,941	45,028	24.3	27.4
Total	102,855	164,094	100.0	100.0

UNFPA assistance by executing agency

	In thousand $US		Percentage of total programme	
	1992	1993	1992	1993
Government-executed projects	27,460	42,400	21.4	20.6
United Nations	14,064	14,469	11.0	7.0
Regional commissions	5,283	3,884	4.1	1.9
ILO	6,123	8,424	4.8	4.1
IBRD	144	103	0.1	0.1
FAO	1,722	5,102	1.3	2.5
UNESCO	6,720	7,448	5.2	3.6
UNEP	0	0	0.0	0.0
WHO	12,790	12,330	10.0	6.0
UNICEF	2,204	1,724	1.7	0.8
UNIDO	31	33	0.0	0.0
UNFPA[2]	31,135	76,347	24.3	37.1
UNRWA	51	214	0.0	0.1
Non-governmental organizations	19,453	32,108	15.2	15.6
UNDP (OPS)	1,052	1,480	0.8	0.7
Total	128,232	206,066	100.0	100.0

[1] Expenditure data for 1993 are not available until after the due date for submission of this document to the Executive Board.

[2] Includes UNFPA assistance to procurement for Governments' projects as follows: $21.8 million in 1992 and $29.5 million in 1993.

UNFPA expenditures (1992) and allocations (1993), by region

By major sector	AFRICA (SUB-SAHARAN) (in US$ 000) 1992	1993	Percentage of total programme 1992	Percentage of total programme 1993	ARAB STATES AND EUROPE (in US$ 000) 1992	1993	Percentage of total programme 1992	Percentage of total programme 1993	ASIA AND THE PACIFIC (in US$ 000) 1992	1993	Percentage of total programme 1992	Percentage of total programme 1993
Family planning	12,837	22,946	34.7	38.7	5,152	12,739	48.0	54.9	34,992	49,138	70.6	64.0
Communication and education	7,994	14,055	21.6	23.7	1,451	2,985	13.5	12.9	5,104	10,945	10.3	14.2
Basic data collection	3,711	5,866	10.0	9.9	1,168	2,247	10.9	9.7	1,679	2,798	3.4	3.6
Population dynamics	4,121	4,485	11.1	7.6	1,848	2,304	17.2	9.9	2,968	3,905	6.0	5.1
Formulation and evaluation of population policies	5,065	7,870	13.7	13.3	61	1,160	0.6	5.0	1,524	2,503	3.1	3.3
Implementation of policies	2	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0
Multisector activities	1,710	2,115	4.6	3.6	585	1,008	5.5	4.3	1,309	2,090	2.6	2.7
Special programmes	1,609	1,996	4.3	3.4	463	772	4.3	3.3	1,981	5,447	4.0	7.1
TOTAL REGION	37,049	59,333	100.0	100.0	10,728	23,215	100.0	100.0	49,557	76,826	100.0	100.0
By country category												
Priority country	29,192	45,493	78.8	76.7	2,605	6,760	24.3	29.1	42,860	61,359	86.5	79.9
Other country	3,749	7,890	10.1	13.3	7,159	14,184	66.7	61.1	3,885	9,479	7.8	12.3
TOTAL COUNTRY	32,941	53,383			9,764	20,944			46,745	70,838		
Regional	4,108	5,950	11.1	10.0	964	2,271	9.0	9.8	2,812	5,988	5.7	7.8
TOTAL REGION	37,049	59,333	100.0	100.0	10,728	23,215	100.0	100.0	49,557	76,826	100.0	100.0

By major sector	LATIN AMERICA AND THE CARIBBEAN (in US$ 000) 1992	1993	Percentage of total programme 1992	Percentage of total programme 1993	INTERREGIONAL AND GLOBAL (in US$ 000) 1992	1993	Percentage of total programme 1992	Percentage of total programme 1993
Family planning	6,980	11,018	45.3	51.7	6,664	8,260	43.0	32.5
Communication and education	1,968	3,766	12.8	17.7	2,617	5,909	16.9	23.3
Basic data collection	1,798	1,770	11.7	8.3	243	567	1.6	2.2
Population dynamics	1,552	1,557	10.1	7.3	1,115	1,708	7.2	6.7
Formulation and evaluation of population policies	1,647	1,287	10.7	6.0	3,001	5,028	19.4	19.8
Implementation of policies	0	0	0.0	0.0	26	79	-	-
Multisector activities	879	1,056	5.7	5.0	1,053	2,329	6.8	9.2
Special programmes	572	841	3.7	4.0	783	1,517	5.1	6.0
TOTAL REGION	15,396	21,295	100.0	100.0	15,502	25,397	100.0	99.7[1]
By country category								
Priority country	3,257	5,455	21.2	25.6				
Other country	10,148	13,474	65.9	63.3				
TOTAL COUNTRY	13,405	18,929						
Regional	1,991	2,366	12.9	11.1				
TOTAL REGION	15,396	21,295	100.0	100.0				

Priority Countries (as modified in 1992 in accordance with 88/34 A)

Africa:
Angola, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Togo, Uganda, United Republic of Tanzania, Zaire, Zambia and Zimbabwe.

Arab States and Europe
Egypt, Somalia, Sudan, Yemen.

Asia and the Pacific
Afghanistan, Bangladesh, Bhutan, Cambodia, China, Korea DPR, India, Indonesia, Lao People's Democratic Republic, Maldives, Myanmar, Nepal, Pakistan, Philippines, Solomon Islands, Sri Lanka, Viet Nam.

Latin America and the Caribbean
Bolivia, Dominican Republic, Haiti, Honduras and Nicaragua.

[1] Figure does not add to 100 due to rounding

I. TOWARDS INTEGRATED REPRODUCTIVE HEALTH CARE

A. The family planning revolution

1. The past few decades have witnessed a family planning revolution, most of it taking place in the developing world. In 1960-1965, there were some 31 million contraceptive users. In 1994, there were 446 million, 399 million of whom were using modern methods of contraception.[2] This revolution was fueled in part by the invention of modern contraceptives, which themselves were a product of a technological revolution that helped to develop systematic, long-lasting, effective and reversible methods of contraception.

2. The family planning revolution helped to lower fertility rates dramatically. It broadened contraceptive choice and improved the quality of services. But it did not place women at the centre of the family planning process or give them the power to choose. In fact, it gave rise to concerns that modern contraceptive technology could be used to control women rather than to empower them. It concentrated on reducing the number of children per couple and placed a disproportionate burden of regulating fertility on women. The choice of contraceptives was not necessarily based on the needs or preferences of women but rather reflected the biases of governments, donors and service providers. As a result, the contraceptives provided did not always address women's reproductive health concerns or satisfy individual needs for contraception.

3. The revolution in contraceptive use underscores the strengths and weaknesses of traditional family planning programmes. The experience of the past 25 years shows that strong, well-managed programmes are highly effective. They have helped to achieve smaller families, prevent unwanted births, improve the health of mothers and children, and bring about more balanced rates of population growth. Most importantly, they have saved lives. They have done so in many different countries throughout the world and in a wide variety of social, cultural and economic settings. It is generally accepted, moreover, that permanent declines in fertility can be reached only through widespread voluntary use of modern family planning. Extending family planning services, therefore, has become a priority of international development programmes, both as an end in itself and as a means of promoting other development goals.

4. Family planning programmes satisfied a large existing need, especially among women burdened by frequent child-bearing. They also helped to increase contraceptive prevalence rates in nearly all developing countries -- from less than 10 per cent of couples in the 1960s to an estimated 55 per cent in 1993. This very success, however, reveals one of the main weaknesses of past programmes, namely, the overwhelming concern for quantitative achievements and the corresponding emphasis on demographic targets. Such emphasis at times led to a narrow choice of methods rather than to a wide choice of methods that could accommodate individuals' needs and preferences. Traditional programmes also tended to give inadequate attention to the role and responsibilities of men, neglect the reproductive needs of adolescents, and focus on easier-to-reach sectors of the population rather than on those living in remote rural areas, many of whom were most in need of such services.

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[2] The 1960-1965 figure is from Mahmoud Fathalla, "Contraceptive Research and Development: A Woman-Centred Approach", paper presented to the Round Table on Women's Perspectives on Family Planning, Reproductive Health and Reproductive Rights", Ottawa, Canada, 26-27 August 1993. (The Round Table was part of the preparatory process of the International Conference on Population and Development.) The 1994 estimate is for married women and is from an update of contraceptive requirements for 1994-2005 prepared by UNFPA in collaboration with The Population Council, the findings of which are being submitted to the Executive Board this year in document DP/1994/47.

B. Satisfying unmet need

5. The notion of unmet need refers to those individuals or couples who want to avoid an unwanted pregnancy but are not practising contraception. It includes those who either want no more children or wish to postpone the birth of their next child. The current unmet need for modern family planning methods is estimated at 120 million women, or approximately 15 per cent of all married women of reproductive age. This figure, however, does not include the substantial and growing numbers of sexually active unmarried individuals who want and need family planning information and services but do not have access to them. Nor does it include those individuals and couples who are practising contraception but are not satisfied with the method they are currently using.

6. A key to satisfying this unmet need is to build upon the solid base of existing family planning programmes and to provide family planning services within the broader framework of sound reproductive health care services. It also requires improving the quality of the care provided. This involves, inter alia, providing a method mix that meets the specific needs of individual users; improving the technical competence of service providers; developing culturally appropriate and understandable information, education and communication (IEC) materials; providing effective counselling to help users select and practise contraception; promoting male participation in family planning programmes and greater responsibility in the process of reproduction; and assisting users in making voluntary and informed choices.

7. The aim is to improve upon the traditional maternal and child health (MCH) approach by adopting a more comprehensive reproductive health care approach that includes family planning. Reproductive health care services seek to ensure that people have the ability to reproduce, to regulate their fertility and to have healthy and responsible sexual relationships. The emphasis on reproductive health reflects a commitment to promote good health and to prevent and treat infectious disease, not only during pregnancy and at childbirth, but also throughout people's lives, from adolescence through adulthood. It also involves a commitment to prevent and treat infertility and sub-fecundity and to prevent and treat sexually transmitted diseases (STDs), including HIV/AIDS.

8. This more comprehensive and integrated approach gives priority to women as women and not exclusively as mothers. It is therefore reproductive health care, as opposed to maternal health care. It also addresses the family planning and reproductive health needs of men, encouraging them to be more responsible partners in sexual relationships and in the process of reproduction. Intensifying men's involvement in reproductive health care not only helps to bring about a more equal sexual and reproductive partnership between men and women, it also tends to increase contraceptive use.

C. Empowering women

9. In most societies, men are the decision makers. As sexual partners, they tend to assume a dominant role, often deciding, or at least greatly influencing, their partners' choice of contraception. But women have to bear the consequences of this choice. They become pregnant and bear children, suffer the ill-health associated with frequent and untimely reproduction, endure greater hardships from the long-term effects of sexually transmitted diseases, are more susceptible to HIV infection, and face a heavier social, psychological and societal burden for a couple's inability to have children.

10. Women's health and status are inseparable. The key to women's full participation in all aspects of reproductive life is free and informed choice and mutual respect. It is not enough to provide a wide range of contraceptives and to deliver a full range of services. Women must be at the centre of the reproductive health care/family planning process and have the power to choose and to make decisions, both within society and within the family.

11. Social justice and respect for women's dignity are thus at the core of the empowerment of women. So is reproductive self-determination. All three are inspired by a respect for individual rights and for the right to choose.

12. Social justice means ensuring that women have equal access to education, are guaranteed equal opportunity to work and receive equal pay for equal work. It also means eliminating all legal, social, cultural, political and economic barriers against women and assisting women in establishing and realizing their rights, particularly those that relate to sexual and reproductive health. When extended to the economic sphere, it means, among other things, striving to end women's poverty and dependence, improving their ability to earn income, helping them to achieve economic self-reliance and obtain credit, and enabling them to inherit, own and dispose of property.

13. Respect for women's dignity ultimately means publicly recognizing the value of the girl child; treating women as equals, both in the family and in society; and allowing women to realize their full potential. In the context of reproductive self-determination, it means sharing the responsibility for child-bearing and child-rearing with men; involving women in shaping reproductive health policies and in developing strategies to implement these policies; employing more women as health-care providers and researchers in the field of contraception; respecting a woman's choice of contraceptive, including the choice not to use contraception; and adequately addressing reproductive-tract infections and STDs. Perhaps most importantly, it means combatting violence against women and girls, including sexual violence and abuse.

14. During the 1980s, a number of countries made progress in expanding reproductive health care and, correspondingly, in increasing people's opportunities to exercise their reproductive rights and choices. However, there are still many countries where people either do not have full access to such services or are denied the right to choose, including the right to have, or not to have, children. The former is due primarily to a lack of accessible, affordable and acceptable information and services; the latter to a lack of free and informed choice for women.

15. The need to provide such information and services is self evident. Attaining optimal coverage of reproductive health care requires that people be informed about human sexuality and avoid high-risk sexual behaviour. It further requires that governments remove gender biases in all spheres and provide effective reproductive health care services. Such concerns must be adapted in response to the changing reproductive and sexual health needs of individuals and couples and reflect the social, cultural and economic diversity of the communities being served.

II. UNFPA PROGRAMME IN 1993

16. The effort to broaden the scope of the UNFPA programme to encompass a more comprehensive reproductive health care approach was one of the most notable features of the Fund's work during 1993. This was accompanied by increasing attention to efforts to satisfy unmet need and to contribute to the empowerment of women, notably as it relates to enhancing women's economic status and exploring the linkages between women's economic activities and reproductive behaviour. UNFPA also sought to strengthen and refine its programming process, focusing on strategic programming and its requisite policy and technical assistance. Each of these areas is explored in some depth below.

A. Family planning and reproductive health care

17. Three fundamental elements guided UNFPA assistance in this area during the year: improving the quality of family planning programmes; adopting a more comprehensive approach to reproductive health care where family planning services are provided within the framework of reproductive health services; and empowering women in terms of reproductive rights and reproductive freedom. The Fund also formulated a policy paper to guide UNFPA humanitarian assistance during emergencies and other difficult situations. This

assistance is aimed at meeting the reproductive health needs of women and adolescents, especially the most vulnerable among them.

1. Improving the quality of services

18. The quality of family planning services has increasingly been recognized as one of the most important determinants of whether or not people accept and continue to use contraceptives. The Guidelines for UNFPA Support to Family Planning Programmes encourage activities to improve the quality of family planning services, emphasizing the need to expand the availability of such services and to enhance their social acceptability and effectiveness.

19. In 1993, UNFPA organized a thematic evaluation of family planning services in eight countries to determine the extent to which UNFPA-supported programmes complied with these guidelines. Four-person evaluation teams visited selected service delivery points in the following countries: Botswana and Niger in Africa; Indonesia, Pakistan and Viet Nam in Asia; Ecuador and Mexico in Latin America; and Turkey in Europe. The evaluation focused on the quality of family planning services along six dimensions: choice of methods; technical competence of service providers; level of information and counselling available to clients; nature of interpersonal relations between service providers and clients; the presence of mechanisms within the programme to promote continued contraceptive use; and the appropriateness and acceptability of services.

20. The evaluation found that UNFPA's support had contributed significantly to improving women's access to family planning services in the eight countries visited. Family planning services were being delivered in facilities located within a reasonable distance of clients; a variety of contraceptive methods were available; service providers had had some type of training and generally had a positive attitude towards their work and their clients; and basic medical equipment was in place in the facilities. In addition, elementary management systems had been implemented with relative success, enabling most of the facilities to operate smoothly in providing regular family planning services.

21. However, the findings also highlighted several important limitations on the quality of family planning services. For example, the evaluation found that while all eight countries provided at least four methods of contraception (oral pills, intra-uterine devices (IUDs), tubal ligation and condoms), the choice of methods available to clients was limited by various factors, including the tendency among governments and providers to encourage certain methods at the expense of others and the fact that contraceptive services were almost exclusively oriented towards female clients. The evaluation also found that the technical competence of service providers varied greatly; that countries often lacked the basic infrastructure and equipment needed for effective service delivery and that family planning services were sometimes neglected in favour of other health care services. It also noted that the lack of follow-up mechanisms and inadequate record-keeping had limited the capacity of service providers to ensure client satisfaction and effective, continuous contraceptive use.

22. Although most service providers interviewed had had some training in family planning, that training was often insufficient for the services provided. Moreover, service providers seldom screened clients for contraceptive contra-indications or paid adequate attention to clients' complaints about side-effects. Nor did they always diagnose infections properly, provide accurate information or appropriate counselling about contraception or reproductive health, or comply with aseptic procedures during pelvic examinations and IUD insertions. Such deficiencies were compounded by inadequate supervision, which was found often to be too weak, infrequent and insufficient to ensure effective service delivery.

23. Exchanges between service providers and clients were generally friendly but sometimes too brief. In five of the eight countries, clients readily voiced their concerns and fairly easily exchanged information with the service providers. In three countries, however, clients did not get much of a chance to express their needs, feelings or concerns. Service providers either dominated the conversation or tended to give quick and

incomplete answers to questions. In several countries, counselling on sensitive issues frequently took place in front of other clients, and complete privacy during pelvic examinations was not always respected.

24. The evaluation further found that while nearly all UNFPA-supported MCH/FP projects explicitly identified improving the quality of services as one of their objectives, project strategies and activities either did not focus adequately on quality issues or did not specify key indicators that could help in determining whether project inputs were having the desired effect. This contributed to the related problem of placing too great an emphasis on quantity over quality, since programme performance tended to be measured in quantitative terms such as the number of clients served and amount and types of contraceptives provided.

25. The evaluation yielded a number of recommendations, including the following: (a) the mix of contraceptive methods should be sufficiently diverse to meet the needs of all users; (b) choice of method should rest with the user not with the service providers; (c) more emphasis should be placed on promoting male contraception; (d) particular attention should be given to providing clients with complete, accurate and understandable information on available contraceptive methods; (e) service providers should be trained on the job in clinical skills and in interpersonal communications and counselling; and (f) mechanisms to ensure adequate follow-up of family planning acceptors should be developed or strengthened and, within this context, practical and simple record-keeping systems should be developed and institutionalized; and (g) supervisors should be trained to monitor the quality of the services delivered (rather than just the outcomes as indicated by service statistics) and to give technical advice in a supportive way.

Financing family planning services

26. The cost of providing family planning services is escalating each year, as more and more couples opt to use contraception and the number of women entering reproductive age increases as a result of the built-in momentum of past growth rates. At present, governments assume about 60-75 per cent of these costs. The international donor community provides some 15-20 per cent. The remaining 10-15 per cent is absorbed by the users themselves or provided through non-governmental organizations (NGOs).

27. Even if governments and donors were to increase their support for family planning substantially, there would still be a need to devise means to help alleviate the growing pressure on resources. As a result, UNFPA has been exploring new ways of sharing the costs of family planning programmes. One option is to shift a portion of the costs of such services to individual users through effective cost-recovery schemes. Recent research suggests, however, that the share of total resources absorbed by for-profit schemes has remained static or has even declined. In some cases, such schemes have been "crowded out" by government and NGO programmes. In fact, one study commissioned by UNFPA noted that the very success of government and NGO programmes had made it difficult to encourage the use of the private sector.

28. During 1993, UNFPA provided support to prepare case studies on cost-recovery schemes in six countries -- Brazil, Colombia, Egypt, Kenya, Indonesia and Thailand -- and to conduct an in-depth review and appraisal of relevant experiences and lessons learned in this area at the global level. The review of global experiences was not particularly optimistic about the prospects of shifting a significant share of the funding of family planning programmes from governments and donors to the private sector. But it did note that the results of some individual projects had been encouraging. The review concluded that additional research was needed to determine what types of private-sector expansion would work best in particular countries.

29. The issues raised in these studies were discussed at an International Consultation on Cost Recovery and Family Planning Programme Sustainability, which was held at United Nations headquarters in March 1994. Experts from developing countries participated in the consultation, as did representatives from United Nations agencies and organizations and from NGOs. The participants examined the role of the private sector in contributing to the sustainability of national family planning programmes, including pharmaceutical companies, contraceptive social-marketing programmes and employer-provided programmes, among others. They also

addressed the issue of the sustainability of public-sector and NGO programmes, and identified areas requiring further research. Participants generally agreed that pharmaceutical companies had, in some cases, become successful partners with NGOs, donors and governments in marketing and distributing contraceptives; that contraceptive social-marketing programmes targeted at middle and lower-middle socio-economic groups should receive limited subsidy while those targeted at the lowest socio-economic groups would always need some subsidy to generate demand; and that successful employer-provided programmes required committed company managers, strong technical and logistical support, good financial health, large numbers of covered employees and dependants, and the participation of a strong NGO to provide services.

2. Integrating family planning into reproductive health care

30. UNFPA regards family planning as an essential component of reproductive health care. The Fund recognizes that family planning programmes work best when they are linked to broader reproductive health programmes and when women are fully involved in the design, delivery, management and evaluation of services. UNFPA therefore promotes an integrated programme approach that seeks to make family planning services available to all who need and want them and to help couples and individuals satisfy their reproductive needs and goals.

31. The challenges in the area of reproductive health care/family planning range from understanding people's fertility behaviour and satisfying their family planning needs, to preventing unsafe abortion, to aggressively combatting the spread of STDs and HIV/AIDS. Meeting these challenges requires designing and implementing innovative and effective ways of delivering integrated services to all those who desire them, but especially to hard-to-reach populations and those at increased risk of STD/HIV infection. Such services must be extended to poor women, minorities, unmarried women and adolescents; promote healthy and responsible reproductive behaviour; pay special attention to young adults and men; and promote the use of condoms and other barrier methods of contraception.

32. In a policy note on reproductive health care, UNFPA proposes to support countries' efforts towards integrated reproductive health care/family planning services, to be provided through primary health care systems. These include: (a) information and services aimed at all couples and individuals, including adolescents; (b) treatment of gynaecological problems related to contraception; (c) information, education and services dealing with prenatal and postnatal care as well as with childbirth; (d) information and services regarding the prevention of STDs, including counselling, distribution of condoms for HIV/AIDS prevention and referral services for follow-up care; (e) diagnosis and treatment of infertility and sub-fecundity and referral for follow-up; and (f) routine reproductive health check-ups for women.

33. UNFPA recognizes that it will be difficult to satisfy women's family planning and reproductive health needs without the support of men, not only as husbands and partners but also as policy and decision makers and community and religious leaders. Efforts to involve men as responsible partners in helping to satisfy such needs take on a special urgency given the rapid spread of HIV/AIDS and the potential improvement in reproductive health that would follow if programmes promoted male participation as well as male methods as part of the contraceptive choices available to couples. The Fund further recognizes that integrated programmes must address the family planning and reproductive health concerns of adolescents, who urgently need information and services that can help protect them from unwanted pregnancies, unsafe abortion and sexually transmitted diseases.

HIV/AIDS prevention activities

34. The prevention and treatment of sexually transmitted diseases, including HIV/AIDS, is an integral component of reproductive health care. It is also an important concern of the UNFPA programme and a focus of considerable inter-agency collaboration.

35. During the year, UNFPA helped organize a round table to discuss the impact of HIV/AIDS on population policies and programmes, which was held in Berlin in September/October 1993 under the auspices of the Policy Development Forum of the German Foundation for International Development. The Fund prepared the main background document for the round table, which was organized as part of the preparatory process for the International Conference on Population and Development (ICPD). The round table recommended, among other things, that governments and the international community should commit themselves to fight against HIV/AIDS as an essential part of sound population and related family planning policies. It took issue with the view held by some "that AIDS will take care of the population problem", calling it "completely erroneous". The round table called for a "firm political commitment to women's empowerment" and stressed the need to enhance women's ability to take control over their own reproductive and sexual lives.

36. UNFPA also participated in inter-agency discussions on the feasibility and practicability of establishing a joint and cosponsored United Nations programme on AIDS, as called for by the World Health Assembly in resolution WHA 46.37. The study that emerged out of these discussions was presented to the WHO Executive Board, which recommended that the joint and cosponsored programme be established.

37. In 1993, the Fund prepared and distributed the 1992 AIDS Update, an annual publication highlighting UNFPA's support for HIV/AIDS prevention activities around the globe. The Update provided information on UNFPA assistance in four areas: supply of condoms; training for MCH/FP service providers; HIV/AIDS information and education as part of in- and out-of-school population education programmes; and public information and education activities. The 1992 AIDS Update was sent to representatives of governments, NGOs and academic institutions and was distributed at the fortieth session of the Governing Council and the IX International Conference on AIDS held in Berlin in June.

38. UNFPA worked closely with the WHO Global Programme on AIDS (WHO/GPA) in preparing estimates for condom requirements for HIV/AIDS prevention as part of in-depth studies in the Philippines, Turkey and Viet Nam undertaken within the framework of the Fund's Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s. UNFPA also prepared, in collaboration with The Population Council, an update of the global estimates of contraceptive requirements for 1994-2005, which included estimates of condom requirements for STD/AIDS prevention, prepared by WHO/GPA. A summary of the findings of the update are provided in document DP/1994/47, which is being submitted to the Executive Board at its first annual session.

3. Strengthening IEC in support of family planning

39. The concept of information, education and communication (IEC) was initially developed by health planners in the 1960s in order to create demand for reproductive health care and family planning services. IEC activities were aimed at both service providers and users and sought to narrow the gap between the knowledge and use of family planning services. This was to be accomplished through a combination of information and education (knowledge-based) activities and communication (motivation) activities. The aim was to change people's behaviour.

40. IEC activities evolved over the next several decades to become an essential component of family planning programmes. They helped to generate political commitment and obtain community support; train service providers in interpersonal communications and motivational skills; inform potential clients about the availability of services; change people's perceptions of family planning and create demand for services; improve the quality of services; and, ultimately, enable clients to make free and informed decisions regarding their choice of method.

41. The success of IEC activities depends, among other things, on how well they are tailored for each respective audience. Programme managers and service providers, for example, need information that enables them to select, promote and deliver the most appropriate services to the various audiences they serve.

Potential clients have to know what services are available and where, how and when they can get them. Current users need information to enable them to make the best choice of method, given their changing circumstances. Potential and current users both need to know the risks and benefits of each method and be well enough informed to be able to disregard rumors and misinformation.

42. In order to assess the strengths and weaknesses of IEC activities in support of family planning programmes, UNFPA organized a thematic evaluation of seven IEC projects in five countries: Comoros, Rwanda and Zambia in Africa; and India and the Philippines in Asia. The projects fell into two categories: MCH/FP projects with an integrated IEC component; and IEC projects specially designed to support MCH/FP activities. The evaluators also drew upon evaluation and programme review reports on nine additional projects to obtain supplementary information.

43. The evaluation found that both types of projects had contributed to improving the level of knowledge and practice of family planning. In general, however, the projects were found to be overly ambitious, with too many objectives and an unrealistic time frame within which to achieve them -- a not uncommon problem with projects in other sectors as well. Moreover, indicators of success tended to be quantitatively rather than qualitatively oriented. In the projects with IEC components, it was not always clear how the IEC component would be integrated into the MCH/FP activities. The support IEC projects, on the other hand, did not usually ensure that the demand created would be matched by the services provided. In fact, the evaluation found that coordination in general tended to be weak -- not only between service delivery and IEC activities in MCH/FP projects with integrated IEC components, but also between MCH/FP and IEC project personnel more generally.

44. In recognition of the importance of strengthening the link between MCH/FP and IEC activities, UNFPA prepared a technical note on the relationship between IEC and family planning service delivery. The note identifies six prerequisites for success. The first is collaborative planning. Service providers and IEC personnel must work closely together to identify the behavioural and attitudinal changes desired and the different population groups to be addressed. The second is strong and effective intra- and inter-sectoral coordination. The third is complementary mass-media and interpersonal approaches: The use of mass media helps to legitimize and disseminate IEC messages; the use of interpersonal communications personalizes them. The fourth is a sound service delivery system capable of meeting the demand generated by the IEC activities. The fifth is the effective integration and coordination of IEC and family planning activities. The sixth is the incorporation of monitoring and evaluation mechanisms in project design.

45. The Fund also issued a technical paper on developing IEC strategies for population programmes. The paper enumerated a 12-step approach to designing an effective strategy, which if applied in the project formulation, appraisal and monitoring stages would specifically address most of the shortcomings identified in the thematic evaluation. It also identified lessons learned from the Fund's experience in population IEC, including those specifically oriented towards users of family planning and reproductive health services. Not surprisingly, good interpersonal communication and counselling skills were found to be a prerequisite to effective and continued use of MCH/FP services, increased contraceptive prevalence and the acceptance of safer sexual practices. The technical paper is available in Arabic, English, French and Spanish.

4. Linking women's economic activities and reproductive behaviour

46. Economic independence for women has long been recognized as a key to limiting fertility. The ability to earn income helps to create alternatives to early marriage and early and frequent child-bearing. It also increases the opportunity costs of women's time and the "cost" of children, enhances women's status and self-esteem, and increases a woman's ability to make her own decisions, including those concerning child-bearing and contraception.

47. One of the ways in which UNFPA seeks to link family planning activities with efforts to enhance women's ability to earn income is through experimental projects that help women set up micro-enterprises. The projects typically help women secure credit, provide technical assistance and training in managing small businesses, and promote the use of family planning. Micro-enterprises are unincorporated business activities that are undertaken by individuals, households or groups and require a limited number of employees. They are generally part of the informal sector and include such things as off-farm employment, manufacturing and commerce.

48. In early 1993, UNFPA published a comprehensive assessment of the Fund's experience with micro-enterprise projects for women. The report culminated a year-long thematic evaluation that began with the development of an evaluation methodology, involved a desk review of all available documentation on 19 such projects, and ended with four evaluation missions to project sites in six countries -- Egypt, Ghana, India, Kenya, Paraguay and the Philippines. The missions reviewed all primary and secondary project documentation, including loan records and project monitoring data; conducted focus-group interviews; visited client enterprises; and interviewed representatives of government agencies and non-governmental organizations.

49. The evaluation did not find precise data to affirm a direct link between increased income and reduced fertility. However, it did show that when project inputs reached women and when women had access to family planning services, the projects appeared to contribute to increases in income and changes in reproductive behaviour. It also found that increases in income can accelerate demand for family planning and maternal and child health services. At the same time, however, the evaluation showed that population projects with micro-enterprise and income-generation components require specialized technical expertise to design and a strong institutional capacity to implement, both of which made the selection of implementing and executing agencies critical to the success of the activity.

50. The evaluation recommended that UNFPA should continue to support micro-enterprise projects for women, giving preference to micro-enterprise activities that clearly helped to achieve population objectives and that linked population components to strategies that had proven effective in increasing women's income. The evaluation further recommended that UNFPA-supported projects should have explicit linkages to the Fund's country-level population programmes, especially to MCH/FP or other activities that seek to enhance women's reproductive rights, and ensure that there are family planning services available to meet the demand generated by the projects. The evaluation stressed that, as a primary strategy, UNFPA should introduce MCH/FP, as well as IEC and other population components, into existing micro-enterprise programmes and projects rather than design separate micro-enterprise/population projects on its own. In this context, the Fund should identify executing agencies that have the requisite technical capacity to ensure that projects are well designed, monitored and implemented, and select implementing agencies that have a proven track record in micro-enterprise activities.

B. Strategic programming and technical assistance

51. The review and assessment of programme strategies and the evaluation of programme performance are part of a continuum to enhance the impact and effectiveness of programmes. They are also at the core of the Fund's programme review and strategy development (PRSD) exercise. Programme performance and effectiveness, in turn, are enhanced by high-quality technical assistance. The Fund's principal mechanism for providing such technical assistance at the country level is the UNFPA Country Support Team (CST), of which there are currently eight in operation. The work of the teams is complemented by specialists and coordinators located at the United Nations and its regional commissions, at the headquarters of United Nations specialized agencies and at WHO regional offices.

1. Programme review and strategy development

52. In 1993, UNFPA reviewed its experience with the PRSD exercise. The objective was to identify ways to further strengthen the effectiveness of the exercise and to make optimal use of the findings and recommendations in the formulation of corresponding country programmes.

53. The review found that the PRSD exercises had yielded a wealth of data, enhanced the understanding of the population dynamics in the countries reviewed, and facilitated the planning, design and implementation of national population programmes. It further found that the objectives and strategies of the corresponding UNFPA country programmes were clearly based on the PRSD recommendations. However, the review suggested ways to improve the usefulness of the recommendations, both by making them more explicit and by establishing clear priorities. Although the recommendations generally were found to be specific to the needs of the country reviewed, it was recommended that the strategies developed should be more comprehensive and take greater account of analyses of national capacities in various sectors, constraints to population programme implementation, and the overall national development context.

54. In general, the approach to the PRSD exercise was found to be too mission-driven. Much energy and attention were focused on activities specific to organizing and conducting the PRSD mission, but not enough on critical preparatory and follow-up activities. Nonetheless, the missions more effectively achieved their purpose when the Government was actively involved in the process and when the missions worked in close collaboration with the UNFPA field office.

55. The review reaffirmed the PRSD exercise as a powerful approach to population programming. The lessons learned from the review will be used to help strengthen the Fund's programme development process. UNFPA will thus take care to generate and maintain population programme data on a country-by-country basis; clearly define the roles and responsibilities of those involved in the process; clearly delineate the various phases in the programming process; and refine and improve the tools used in programme monitoring and evaluation.

2. UNFPA Country Support Teams

56. During 1993, UNFPA Country Support Teams fielded missions to close to 100 countries. The teams participated in selected PRSD exercises (e.g., Chad, Islamic Republic of Iran, Maldives, the Philippines, and Zambia) and in tripartite project reviews; helped to formulate and appraise selected country projects; and assisted UNFPA field offices in monitoring country programmes. Team experts also pooled their technical expertise in joint programming missions in Bangladesh, Chad, China, Lao People's Democratic Republic, Mali, Syrian Arab Republic and Viet Nam.

57. The CSTs continued to make use of national expertise and national institutions as a source of technical assistance in implementing population activities. The teams therefore prepared rosters of national experts to be used as consultants and trained national counterparts, both formally, through workshops, and informally, as participants/observers on collaborative technical assistance missions.

58. An inter-agency task force met in March to discuss policy and operational issues that arose during the first full year of operations. Such issues included, among others, questions concerning the division of labour between the various actors involved in country-level activities (representatives of government agencies and United Nations specialized agencies, team members, UNFPA Country Directors) and the nature of the relationship between CST advisers and their parent agencies. The task force also discussed the need to improve the quality of technical back-stopping plans, which are intended to guide the work of the teams in each country; to clarify issues concerning the cost to country budgets of the teams' services; and to identify issues to be addressed in matching, on a regional basis, the needs of countries and the skills represented on the teams.

59. The interagency task force met again in December to review the TSS recruitment process and to assess the performance of the TSS specialists at agency headquarters as well as of the advisers on the teams. A review of the distribution of TSS posts vis-à-vis country needs resulted in the transfer of two ILO headquarters specialists posts to the CST in Santiago, Chile, to enable it to respond more efficiently to requests from the English-speaking Caribbean countries. The task force also re-defined several CST posts in Africa in order to meet the needs expressed by governments, especially in the areas of socio-cultural research, management information systems (MIS), and IEC in support of family planning and reproductive health care.

60. All eight CSTs became fully operational in 1993. In sub-Saharan Africa, in March, members of the three teams in Africa and staff from UNFPA headquarters participated in a workshop in Addis Ababa to review substantive and procedural matters. In September, the Harare-based team hosted a joint workshop with the UNFPA Country Directors from the subregion it serves in order to review collaborative strategies for providing technical support to country programmes. The Addis-based team hosted a similar workshop in December. The workshops provided the teams and Country Directors with the opportunity to reach a common understanding on many organizational and operational matters. CST/Dakar organized several internal seminars to brainstorm with colleagues from United Nations specialized agencies, the World Bank and NGOs active in the population field. The participants assessed the work of the team and made recommendations in each of the areas covered by team specialists. In a number of countries, including Ghana, Uganda and Zambia, team members participated in joint missions that drew upon their multi-disciplinary skills to help develop a less narrowly focused, more integrated programmatic approach to UNFPA assistance. In general, the teams, among many other things, helped to identify needs for logistics support to MCH/FP, formulate population education activities aimed at in- and out-of-school youth, develop IEC strategies, and provide technical back-stopping for census operations and analysis.

61. The CST based in Amman, Jordan, provided technical support to the country programmes in the region. During the year, team members undertook more than 85 missions to provide technical assistance to 20 countries, in particular in the areas of MCH/FP, IEC, and data collection and analysis. The team also responded to an increasing number of requests for technical monitoring of ongoing projects. CST/Amman, among many other things, revised a project document on strengthening the administration and management of the MCH/FP programme in the Syrian Arab Republic; provided technical support to strengthen the training activities of a project to expand family health services as a component of primary health care (Syrian Arab Republic); helped formulate two projects in Egypt -- one to strengthen family planning services in Aswan; the other to provide family planning services in remote areas in Aswan Governate; assisted in designing a questionnaire for a migration and labour force survey in Sudan; provided technical back-stopping for a project on family welfare planning, education, motivation and services in industrial areas of Khartoum; and helped reformulate a project to expand and upgrade MCH/FP services in Yemen.

62. The three CSTs in the Asia and Pacific region carried out nearly 150 technical advisory missions in over 30 countries. The teams worked closely with UNFPA Country Directors in providing technical assistance to help build national capacities in the areas covered by the UNFPA country programme. CST Suva, for example, undertook 41 technical back-stopping missions in support of IEC activities, population and development planning, and data collection, analysis and dissemination. The team also published a handbook on "A New Approach to Technical Support Services in Population" and assisted six Pacific island countries in preparing country reports for the ICPD. CST/Kathmandu organized focus-group discussions in Nepal on women's reproductive health care and family planning concerns and provided technical assistance on population education activities in the non-formal sector. It also reviewed several IEC project proposals in India, Nepal and Pakistan. The team worked with the Government of Maldives in analysing census data and with the Government of Bhutan in preparing a comprehensive profile of safe motherhood. At the regional level, it helped organize the South Asia Association for Regional Cooperation (SAARC) Ministerial Conference on Women and Family Health, for which it also prepared background documents. CST/Bangkok worked closely with the UNFPA field office in Viet Nam in developing a management information system for contraceptive supplies and in formulating a comprehensive population education project. It assisted the

Government of Cambodia in formulating a project on MCH/birth spacing; helped train 22 high-level Chinese educators in planning population education programmes; and provided training and orientation for three senior Mongolian officials in various aspects of population and development planning. The team also organized a Round Table on Population and Development Strategies as part of the ICPD process.

63. The CST headquartered in Santiago, Chile, carried out 125 missions from the 170 requests it received. The team provided technical support to country programmes and projects in the areas of MCH/FP, IEC, population and development, and data collection and analysis. The team's overall strategy was to ensure that the technical assistance provided was sharply defined and relevant to the needs of the populations being served. In the area of reproductive health and family planning, the team helped train 110 professionals in programme management, focusing on such areas as leadership techniques, planning and evaluation. Team specialists in IEC conducted several joint missions with project counterparts as a way of sharpening the focus of the IEC portion of specific projects. One of the aims has been to try to make IEC activities relevant to the everyday lives of the people and to extend the coverage of IEC messages to rural and urban workers, cooperatives and women's and youth organizations. Team specialists in population and development helped to design research projects addressing the special needs of women, adolescents and indigenous communities. Team specialists in the area of data collection and analysis emphasized efforts to improve national capacities to obtain and utilize demographic data to support the implementation of decentralized social policies.

III. STATUS REPORT ON UNFPA IMPLEMENTATION OF GENERAL ASSEMBLY RESOLUTION 47/199

64. This status report has been prepared in response to Governing Council decision 93/27 A, paragraph 8, which requested the Executive Director to report to the Council at its forty-first session (1994) on the progress made in the further implementation of General Assembly resolution 47/199.

65. During the latter part of 1993, UNFPA built upon the progress made in the first part of the year, as reported on last year in document DP/1993/29, part III. For example, the Fund continued to address relevant concerns of resolution 47/199 in all policy planning, programming and training exercises, including, most notably, those dealing with the country strategy note (CSN), harmonization of programming cycles, the programme approach, national execution and national capacity building, decentralization, and training.

66. UNFPA also continued to work closely with United Nations partner agencies and organizations through its involvement in the Joint Consultative Group on Policy (JCGP), the Consultative Committee on Programme and Operational Questions (CCPOQ) and the Consultative Committee on Administrative Questions (CCAQ) of the Administrative Committee on Coordination (ACC), and relevant inter-organizational training exercises at both the country level and the global level, notably the ILO International Training Centre in Turin.

67. Country strategy note. UNFPA participated in JCGP and CCPOQ working groups to draft initial guidelines covering United Nations contributions to the country strategy note. In October 1993, selected UNFPA field staff participated in a workshop held at the Turin International Training Centre as part of the process to draft system-wide guidelines. UNFPA was also a key partner in the National Workshop on Coordination for Senior United Nations Representatives based in the Syrian Arab Republic, organized by the Turin Centre and UNDP Damascus under the auspices of the Syrian Arab Republic Ministry of State for Planning Affairs. The workshop produced a joint work programme on the CSN process. In addition, UNFPA, UNDP and UNICEF agreed to fund an umbrella project on a United Nations system integrated approach to technical assistance activities in support of the CSN process. In May 1994, the Fund will act as lead agency in the Turin Centre's 12th Management Coordination Workshop, a major purpose of which is to ensure that population issues are integrated into CSN exercises.

68. Harmonization of programming cycles. As follow-up to the 1993 joint letter sent by the executive heads of UNICEF, UNDP and UNFPA to their respective field offices, UNFPA convened working groups on harmonization of programming cycles for Latin America and the Caribbean and for the Middle East and North Africa. The working groups prepared recommendations for such harmonization and sent them to UNFPA Country Directors for comments.

69. Programme approach. UNFPA continued to participate in JCGP and CCPOQ efforts to develop a framework to help United Nations agencies and organizations reach an agreement on a system-wide interpretation of the programme approach. In 1993, in Egypt, UNICEF, UNDP and UNFPA signed an agreement on an integrated development package with the Governate of Assiut. In Bangladesh, UNICEF and UNFPA are working on an integrated planning model, which will include modules on literacy, nutrition, health and women's status. In 1994, UNFPA will participate in study missions to selected countries being organized by the United Nations.

70. National execution and national capacity building. The UNFPA Country Support Teams continued to make use of national expertise and national institutions as a source of technical assistance in implementing population activities. The teams prepared rosters of national experts to be used as consultants and trained national counterparts, both formally, through workshops, and informally, as participants/observers on collaborative technical assistance missions. National execution of projects is also stressed in the UNFPA country programmes being submitted to the Executive Board at its first annual session.

71. Decentralization. UNFPA revised its guidelines on decentralization, considerably expanding programme approval authority at the field level. Moreover, the Fund has extended total programme approval authority, on a trial basis, to 12 countries (Algeria, Bangladesh, Burkina Faso, Ethiopia, Honduras, Malawi, Pakistan, Peru, Philippines, Senegal, South Pacific subregion, and Syrian Arab Republic). UNFPA will extend such approval authority to other countries if the pilot experiences warrant it. The Fund also recently decentralized travel arrangements to the field for UNFPA consultants hired in the field.

72. Training. UNFPA supports and will continue to participate in relevant inter-organizational training exercises at the country level and at the International Training Centre in Turin. The Fund contributes funding, training advice and expertise to help strengthen the Centre's work on collaborative training for the United Nations system. In April 1994, UNFPA participated in the Workshop on the Programme Approach at the Centre. The Fund will also act as lead agency in the Centre's 12th Management Coordination Workshop, which will highlight population issues. In Bangladesh, the JCGP partners have agreed to pursue an integrated approach to training of United Nations staff.

73. Evaluation and Management Audit. UNFPA participates in the Inter-Agency Working Group on Evaluation, which is currently reviewing elements for collaboration in the area of evaluation. UNFPA also participates in the JCGP Working Group on Management Audit Systems. The Working Group submitted a report to the JCGP, highlighting common elements and standard auditing practices among the partner JCGP organizations. The Working Group also adopted a common definition of management auditing. The report was accepted as the basis for reporting to the Economic and Social Council on management audit systems within the context of resolution 47/199.

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WORK PLAN FOR 1995-1998 AND REQUEST FOR PROGRAMME EXPENDITURE AUTHORITY

Report of the Executive Director

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I. INTRODUCTION AND RECOMMENDATIONS

1. The objectives of this report are three-fold: (a) to examine the utilization of resources by UNFPA in 1993, applying the method of measuring UNFPA's resource utilization approved by the Governing Council in decision 89/46 B; (b) to describe the work plan for 1995-1998 including information about projected resources and the proposed utilization of programmable resources among country and intercountry activities as well as among geographical regions; and (c) to present the Executive Director's proposed programme expenditure authority for 1995 from regular resources, the estimates of new programmable regular resources for the 1996-1998 period and the estimates of new programmable resources from multi-bilateral funding. Pertinent financial data used in the calculations in this report are provided in tables in the Annex.

2. Recommendations: The Executive Director recommends that the Executive Board:

(a) Endorse the Executive Director's programme resource planning proposals set out in paragraphs 7 to 15;

(b) Approve the request for the programme expenditure authority for 1995, which is set at the estimated level of new programmable resources, amounting to $224 million;

(c) Endorse the use of the following estimates of new programmable resources from regular resources for the 1996-1998 period: $241.5 million for 1996; $255 million for 1997; and $270.5 million for 1998;

(d) Also endorse the use of the following estimates of new programmable resources from multi-bilateral funding: $15 million per year for the years 1995-1998.

II. UTILIZATION OF RESOURCES IN 1993[1]

3. Contributions from Governments to UNFPA in 1993 amounted to $216.6 million, including a contribution of $14.5 million from the United States, which contributed to UNFPA for the first time since 1985. This, together with an interest income of $3 million, resulted in a total income from regular resources in 1993 of $219.6 million, a decrease of $18.6 million or 7.8 per cent compared to 1992. After deducting $45.1 million for the administrative and programme support services (APPS) budget and $2.5 million for additions to the reserve for field accommodations and adding $33.6 million in carry-forwards from 1992 to 1993, total programmable resources from regular resources in 1993 totaled $205.6 million. The income from multi-bilateral resources in 1993 was $16.3 million, $3.3 million more than in 1992. The carry-forwards from 1992 from multi-bilateral resources were $10.3 million, bringing to $26.6 million the total programmable resources from multi-bilateral resources in 1993. In terms of combined regular and multi-bilateral resources, the total programmable resources amounted to $232.2 million (see table A).

4. Total project expenditures from regular resources in 1993 were $146.3 million, or $18.1 million more than in 1992. Expenditures for technical support services (TSS) were $17.4 million ($2.9 million more than in

[1]All 1993 figures used throughout this document are estimates. Project expenditures are estimated using an expenditure rate of 71 per cent of the year-end allocations for both country and intercountry activities.

1992); the costs of administrative and operational services (AOS) were $6.6 million ($1.7 million less than in the previous year). This yielded programme expenditures of $170.3 million in 1993, or $19.3 million more than the corresponding figure in 1992. For combined regular and multi-bilateral resources, project expenditures were $156.3 million, and programme expenditures were $180.7 million (see table B). The ratio of programme expenditures to total programmable resources (resource utilization rate) for regular resources in 1993 was 82.8 per cent, slightly higher than the corresponding rate of 81.8 per cent in 1992 (see table C). The carry-forwards of programmable resources from 1993 into 1994 are estimated at $35.3 million, i.e., essentially the same level as that of the previous year. The carry-forwards resulted mainly from:

(a) the uncertainty surrounding the United States contribution, which was made in the second half of the year and therefore could not be programmed in as timely a manner as UNFPA would have liked;

(b) the savings realized in the costs of administrative and programme support services (APSS), which were reduced by $8 million compared to what had been projected for 1993;

(c) the somewhat slow programme implementation in some countries in 1993, due in large part to uncertainty associated with the Fund's highly fluid resource situation.

5. Expenditures for family planning from regular resources increased in absolute amounts from $66.6 million (or 52 per cent of project expenditures) in 1992 to $74.1 million (or 50.6 per cent) in 1993. Expenditures from regular resources for information, education and communication (IEC) activities increased from $19.3 million, or 15.1 per cent of project expenditures, in 1992 to $26.8 million, or 18.3 per cent, in 1993. Thus, the major share of regular resources (69 per cent) once again went to family planning and closely associated IEC activities (see table D).

6. The proportion of expenditures in priority countries was 72.5 per cent of regular resources for 1993. In the four-year period 1990-1993, the total expenditure from regular resources of $334.4 million for priority countries constitutes 74.1 per cent of the total expenditures for country activities (see table E). Thus, UNFPA is close to reaching the goal, set by the Council in decisions 88/34 A and 91/35 B, of allocating 80 per cent of resources for country activities to priority countries.

III. WORK PLAN FOR 1995-1998 AND REQUEST FOR PROGRAMME EXPENDITURE AUTHORITY

A. The work plan, 1995-1998

7. The work plan of UNFPA is a rolling four-year plan. This means that for each new work plan the current year is deleted and one future year is added. The work plan is a projected programme of assistance based upon income projections, prior commitments and foreseeable needs. It deals with those activities that are funded from UNFPA's regular resources and refers also to the amount of expected multi-bilateral resources. The intended distribution of resources among country and intercountry activities and among regions is shown for regular resources only, since in the case of projects financed from trust funds the funding decisions are made by the donors themselves and not by UNFPA.

8. This work plan is based on the income assumptions for the period 1995-1998 which, after deducting the APSS net budget and additions to the operational reserve, determine the estimates of new programmable resources. In view of the fact that UNFPA's income for 1993 did not reach the level of $238 million estimated in last year's work plan, the Executive Director adjusts the Fund's estimated income for 1994 to $250 million,

instead of the earlier estimate of $281 million. The $250 million estimate includes an expected contribution of $40 million from the United States Government. For the work plan for 1995-1998, the Executive Director estimates the income of 1995 at $285 million, consisting of an expected contribution from the United States of $60 million and other contributions of $225 million. The income projections for 1996-1998 assume a 6 per cent increase per year using the 1995 estimate of $285 million as the base. This projection takes into account preliminary indications from major donor countries about their pledges for 1995. This results in an income assumption for the four-year period 1995-1998 of $1,246 million from regular resources, as compared to $1,212 million for the period 1994-1997 in last year's work plan. The new programmable resources from regular resources based on these income assumptions are: $224 million for 1995, $241.5 million for 1996, $255 million for 1997 and $270.5 million for 1998. This yields a total of $991 million for the 1995-1998 period (see table F) compared to $958.6 million estimated last year for the work plan period 1994-1997. The income assumption from multi-bilateral resources is $15 million per year, or $60 million in the four-year period. Thus the income assumption from regular and multi-bilateral resources combined is $1,306 million.

9. The amount of resources required for the APSS budget (net) is assumed in the work plan as 18 per cent of the combined income of regular and multi-bilateral resources each year (or 19 per cent of the income of regular resources each year). A detailed APSS net budget is submitted every two years to the Executive Board for approval, and the figures in the work plan are therefore only estimates for the purpose of calculating the new programmable resources for each year of the work plan period.

10. The Council, at its fortieth session, in decision 93/28, paragraph 13, reconfirmed that the level of the operational reserve should be maintained at 20 per cent of general resources income for each year of the UNFPA work plan. The level of the operational reserve at the end of 1992 was $48 million, based upon an income in 1992 of $238.2 million. Given the fact that the Fund's estimated income of $219.6 million in 1993 was lower than that in 1992, the operational reserve at the end of 1993 remained at $48 million. Given an estimated income in 1994 of $250 million, the level of the reserve at the end of 1994 -- in accordance with decision 93/28 -- will have to amount to $50 million, or $2 million more than in 1993. In order to maintain the reserve at the 20 per cent level, and assuming that the income from regular resources between 1995 and 1998 will increase as estimated, UNFPA will add a total of $18 million to the operational reserve over the work plan period 1995-1998, thereby reaching $68 million at the end of 1998.

11. The work plan does not project any significant carry-forwards of regular resources from 1994 to the new work plan period. Thus, total programmable resources in the four-year period are estimated at $991 million from regular resources (an annual average of $247.8 million). Similarly, carry-forwards of multi-bilateral resources are disregarded, and total programmable resources are estimated at $60 million from multi-bilateral resources (an annual average of $15 million). Thus, the total programmable resources are estimated at $1,051 million from regular and multi-bilateral resources combined (an annual average of $262.8 million).

12. The planned distribution of total programmable resources from regular resources for 1995-1998 between country and intercountry activities (regional and interregional activities) takes into consideration the needs in each of these areas. According to this plan (see table G), the proportion of total programmable resources intended for country activities remains essentially the same as in the work plan for 1994-1997. In absolute terms, the $673.8 million intended for country activities in the four-year period 1995-1998 (an average of $168.5 million per year) is 3.4 per cent higher than the $651.8 million (an average of $163 million per year) foreseen previously for the 1994-1997 period. In addition, $101.3 million are proposed for technical support services (TSS) for country programmes. Such technical support will be provided by teams located at regional and subregional sites, which in turn will receive technical backstopping from specialists/coordinators located at the United Nations and its

regional commissions, at the headquarters of United Nations specialized agencies and at WHO regional offices. The administrative and operational services (AOS) costs from regular resources for 1995-1998 are estimated at $35.6 million, based on a compensation arrangement with executing agencies of 7.5 per cent of project expenditures incurred for the implementation of country projects, in accordance with Governing Council decision 91/37.

13. Based upon the needs of each geographical region, the programmable resources foreseen for country activities in the period 1995-1998 will be allocated among the regions as follows: sub-Saharan Africa, 32 per cent; Arab States and Europe, 12.2 per cent; Asia and the Pacific, 43.5 per cent; and Latin America and the Caribbean, 12.3 per cent (see table H).

14. Based on an analysis of the status of financial implementation of UNFPA programmes and projects, the balance of commitments (regular resources) to country programmes approved by the Governing Council up to and including 1993 is estimated to be $390.4 million for the period 1994-1998. If the Executive Board approves the six programmes being submitted this year, the total UNFPA commitment from regular resources will increase by $48.2 million to $438.6 million for the same period (see also document DP/1994/49, table C). Of this amount, $143 million will be provided to country activities in 1994, resulting in a balance of commitments for the 1995-1998 work plan period of $295.6 million. Hence, of the $673.8 million intended for country activities between 1995 and 1998, $295.6 million, or 43.9 per cent, have already been programmed through country programmes and projects that have either been approved by the Council at earlier sessions or are being submitted to the Executive Board at its first annual session (see table I).

15. The UNFPA intercountry programme for the period of 1992-1995, covering regional and interregional activities, was approved by the Council in 1991 in decision 91/35 C, in the amount of $178 million. Approximately the same proportion (18.2 per cent) is foreseen for the distribution of the $180.3 million of programmable resources from regular resources to these activities during the 1995-1998 work plan period. The Executive Director proposes to distribute $68.3 million from regular resources (an annual average of $17.1 million) for regional activities (or 6.9 per cent of total programmable resources) during the work plan period and to use $112 million (an annual average of $28 million) for interregional activities (or 11.3 per cent of total programmable resources).

B. Request for programme expenditure authority

16. At its thirty-sixth session, the Governing Council, in decision 89/46 B, approved the proposal by the Executive Director that a programme expenditure authority for regular resources for the year following the current year be set at the level of estimated new programmable resources of that new year. The Executive Director further proposed, and the Governing Council endorsed at its thirty-sixth session, that for the subsequent three years of the work plan period the estimated amounts of new programmable resources be determined, which will function as a guide for future programming and, as necessary, will be reviewed, revised and updated on a rolling basis every year.

17. The proposed programme expenditure authority for 1995 amounts to $224 million, and the new programmable resources for 1996, 1997 and 1998 are estimated at $241.5 million, $255 million and $270.5 million respectively (see table J).

ANNEX

Table A. Calculation of programmable resources for 1992 and 1993

(MILLIONS OF US DOLLARS)

	1992	1993 (ESTIMATED)
REGULAR RESOURCES		
(1) INCOME	238.2[a]	219.6
(2) ADMINISTRATIVE AND PROGRAMME SUPPORT SERVICES (APSS)	42.6[a]	45.1
(3) ADDITIONS TO RESERVES	5.5[b]	2.5[c]
(4) NEW PROGRAMMABLE RESOURCES (1)-(2)-(3)	190.1	172.0
(5) CARRY-FORWARDS (NEGATIVE IF IN PARENTHESES)	(5.5)[d]	33.6[d]
(6) TOTAL PROGRAMMABLE RESOURCES (4) + (5)	184.6	205.6
MULTI-BILATERAL RESOURCES		
(7) INCOME	13.0[d]	16.3
(8) CARRY-FORWARDS	7.6[d]	10.3
(9) TOTAL PROGRAMMABLE RESOURCES (7) + (8)	20.6	26.6
COMBINED RESOURCES		
(10) TOTAL PROGRAMMABLE RESOURCES (6) + (9)	205.2	232.2

(A) SEE DOCUMENT DP/1993/36, TABLE 2.
(B) ADDITION TO THE OPERATIONAL RESERVE ($3 MILLION) AND ADDITION TO THE RESERVE FOR FIELD ACCOMMODATIONS ($2.5 MILLION), SEE DOCUMENT DP/1993/36, TABLE 6.
(C) ADDITION TO THE RESERVE FOR FIELD ACCOMMODATIONS.
(D) SEE DOCUMENT DP/1993/36, ANNEX IX, TABLE 1.
(E) SEE DOCUMENT DP/1993/36, TABLE 7.

Table B. Summary of programme expenditures for 1992 and 1993

(MILLIONS OF US DOLLARS)

	1992	1993 (ESTIMATED)
REGULAR RESOURCES		
(1) PROJECT EXPENDITURES	128.2[a]	146.3
(2) TECHNICAL SUPPORT SERVICES (TSS)	14.5[a]	17.4
(3) ADMINISTRATIVE AND OPERATIONAL SERVICES (AOS)	8.3[a]	6.6
(4) PROGRAMME EXPENDITURES (1) + (2) + (3)	151.0[a]	170.3
MULTI-BILATERAL RESOURCES		
(5) PROJECT EXPENDITURES	9.7	10.0
(6) ADMINISTRATIVE AND OPERATIONAL SERVICES (AOS)	0.6	0.4
(7) PROGRAMME EXPENDITURES (5) + (6)	10.3	10.4
COMBINED RESOURCES		
(8) PROJECT EXPENDITURES (1) + (5)	137.9	156.3
(9) PROGRAMME EXPENDITURES (4) + (7)	161.3	180.7

(A) SEE DOCUMENT DP/1993/36, TABLE 2.

Table C. Performance indices for 1992 and 1993

(MILLIONS OF US DOLLARS)

	1992	1993 (ESTIMATED)
REGULAR RESOURCES		
(1) TOTAL PROGRAMMABLE RESOURCES[A]	184.6	205.6
(2) PROGRAMME EXPENDITURES[B]	151.0	170.3
(3) RESOURCE UTILIZATION RATE (2)/(1)[C]	81.8%	82.8%
REGULAR AND MULTI-BILATERAL RESOURCES COMBINED		
(4) TOTAL PROGRAMMABLE RESOURCES[D]	205.2	232.2
(5) PROGRAMME EXPENDITURES[E]	161.3	180.7
(6) RESOURCE UTILIZATION RATE (5)/(4)[C]	78.6%	77.8%

(A) SEE TABLE A, LINE (6).
(B) SEE TABLE B, LINE (4).
(C) THE RESOURCE UTILIZATION RATE IS THE RATIO OF PROGRAMME EXPENDITURES TO TOTAL PROGRAMMABLE RESOURCES.
(D) SEE TABLE A, LINE (10).
(E) SEE TABLE B, LINE (9).

Table D. Expenditures by substantive area for country and intercountry activities, 1990-1993

REGULAR RESOURCES (MILLIONS OF US DOLLARS)

SUBSTANTIVE AREA	1990		1991		1992		1993 (ESTIMATED)	
	($)	(%)	($)	(%)	($)	(%)	($)	(%)
FAMILY PLANNING	77.5	45.9%	75.0	43.6%	66.6	52.0%	74.1	50.6%
INFORMATION, EDUCATION & COMMUNICATION	28.6	16.9%	29.3	17.0%	19.3	15.1%	26.8	18.3%
BASIC DATA COLLECTION	17.1	10.1%	15.7	9.1%	8.6	6.7%	9.4	6.4%
POPULATION DYNAMICS	19.0	11.2%	20.1	11.7%	11.6	9.0%	9.9	6.8%
FORMULATION & EVALUATION OF POPULATION POLICIES	14.8	8.8%	15.8	9.2%	11.1	8.7%	12.5	8.5%
IMPLEMENTATION OF POLICIES	0.1	0.0%	0.1	0.1%	0.0	0.0%	0.1	0.1%
MULTISECTOR ACTIVITIES	4.2	2.5%	5.4	3.1%	5.5	4.3%	6.1	4.2%
SPECIAL PROGRAMMES	7.6	4.5%	10.5	6.1%	5.4	4.2%	7.5	5.1%
TOTAL	168.9	100.0%	172.0	100.0%	128.2	100.0%	146.3	100.0%

NOTE: FIGURES MAY NOT ADD UP TO THE TOTALS GIVEN DUE TO ROUNDING.

Table E. Expenditures for country activities by priority country status, 1990-1993

REGULAR RESOURCES (MILLIONS OF US DOLLARS)

	1990[A]		1991[A]		1992[B]		1993[B] (ESTIMATED)	
	($)	(%)	($)	(%)	($)	(%)	($)	(%)
PRIORITY	87.4	75.0%	84.5	73.1%	77.9	75.7%	84.5	72.5%
NON-PRIORITY	29.1	25.0%	31.1	26.9%	24.9	24.2%	32.0	27.5%
TOTAL	116.5	100.0%	115.7	100.0%	102.9	100.0%	116.5	100.0%

NOTE: FIGURES MAY NOT ADD UP TO THE TOTALS GIVEN DUE TO ROUNDING.
(A) PRIORITY COUNTRY DESIGNATED IN ACCORDANCE WITH DECISION 88/34.
(B) PRIORITY COUNTRY DESIGNATED IN ACCORDANCE WITH DECISION 88/34, AS ADJUSTED IN 1992.

Table F. New programmable resources for 1995 - 1998

(MILLIONS OF US DOLLARS)

	1995	1996	1997	1998	1995-1998
REGULAR RESOURCES					
(1) INCOME	285.0	302.0	320.0	339.0	1,246.0
(2) APSS NET BUDGET	54.0	57.5	61.0	64.5	237.0
(3) ADDITION TO THE OPERATIONAL RESERVE	7.0	3.0	4.0	4.0	18.0
(4) SUBTOTAL (2) + (3)	61.0	60.5	65.0	68.5	255.0
(5) AVAILABLE AS NEW PROGRAMMABLE RESOURCES (1)-(4)	224.0	241.5	255.0	270.5	991.0
MULTI-BILATERAL RESOURCES					
(6) INCOME[A]	15.0	15.0	15.0	15.0	60.0
COMBINED RESOURCES					
(7) INCOME (1) + (6)	300.0	317.0	335.0	354.0	1,306.0
(8) AVAILABLE AS NEW PROGRAMMABLE RESOURCES (5) + (6)	239.0	256.5	270.0	285.5	1,051.0

NOTE: FIGURES MAY NOT ADD UP TO THE TOTALS GIVEN DUE TO ROUNDING.
(A) AVAILABLE AS NEW PROGRAMMABLE RESOURCES.

Table G. Intended distribution of programmable resources among country and intercountry activities, work plan 1994-1997 and work plan 1995-1998

(MILLIONS OF US DOLLARS)

	WORK PLAN 1994-1997 [a]			WORK PLAN 1995-1998		
	TOTAL ($)	ANNUAL ($)	AVERAGE (%)	TOTAL ($)	ANNUAL ($)	AVERAGE (%)
REGULAR RESOURCES						
(1) COUNTRY ACTIVITIES	651.8	163.0	68.0%	673.8	168.5	68.0%
(2) TECHNICAL SUPPORT SERVICES	98.0	24.5	10.2%	101.3	25.3	10.2%
(3) ADMINISTRATIVE AND OPERATIONAL SERVICES	34.4	8.6	3.6%	35.6	8.9	3.6%
(4) REGIONAL ACTIVITIES	66.1	16.5	6.9%	68.3	17.1	6.9%
(5) INTERREGIONAL ACTIVITIES	108.3	27.1	11.3%	112.0	28.0	11.3%
(6) INTERCOUNTRY ACTIVITIES (4) + (5)	174.4	43.6	18.2%	180.3	45.1	18.2%
(7) TOTAL (1) + (2) + (3) + (6)	958.6	239.7	100.0%	991.0[b]	247.8	100.0%
MULTI-BILATERAL RESOURCES						
(8) ACTIVITIES	56.0	14.0	93.3%	56.0	14.0	93.3%
(9) ADMINISTRATIVE AND OPERATIONAL SERVICES	4.0	1.0	6.7%	4.0	1.0	6.7%
(10) TOTAL (8) + (9)	60.0	15.0	100.0%	60.0[c]	15.0	100.0%
COMBINED RESOURCES						
(11) ACTIVITIES (1) + (6) + (8)	882.2	220.6		910.1	227.5	
(12) TOTAL (7) + (10)	1,018.6	254.7		1,051.0	262.8	

NOTE: FIGURES MAY NOT ADD UP TO TOTALS GIVEN DUE TO ROUNDING.

(A) SEE DOCUMENT DP/1993/30, TABLE I.

(B) NO CARRY-FORWARDS ARE PROJECTED FROM REGULAR RESOURCES FROM 1994 TO THE NEW WORK PLAN PERIOD.

(C) CARRY-FORWARDS ARE NOT INCLUDED.

Table H. Intended country activities by region for the periods 1994-1997 and 1995-1998

REGULAR RESOURCES (MILLIONS OF US DOLLARS)

	INTENDED 1994-1997[A]			INTENDED 1995-1998		
	TOTAL	ANNUAL AVERAGE	% OF COUNTRY ACTIVITY RESOURCE	TOTAL	ANNUAL AVERAGE	% OF COUNTRY ACTIVITY RESOURCE
	($)	($)	(%)	($)	($)	(%)
AFRICA (SUB-SAHARAN)	208.6	52.2	32.0%	215.6	53.9	32.0%
ARAB STATES AND EUROPE	79.5	19.9	12.2%	82.2	20.6	12.2%
ASIA AND THE PACIFIC	283.5	70.9	43.5%	293.1	73.3	43.5%
LATIN AMERICA AND THE CARIBBEAN	80.2	20.0	12.3%	82.9	20.7	12.3%
TOTAL	651.8	163.0	100.0%	673.8	168.5	100.0%

NOTE: FIGURES MAY NOT ADD UP TO THE TOTALS GIVEN DUE TO ROUNDING.
(A) SEE DOCUMENT DP/1993/30, TABLE J.

Table I. Intended country activities for 1995-1998 and amounts already programmed

REGULAR RESOURCES (MILLIONS OF US DOLLARS)

	1995 - 1998		
	TOTAL COUNTRY ACTIVITIES	AMOUNT ALREADY PROGRAMMED (ESTIMATE)	AMOUNT ALREADY PROGRAMMED AS PERCENTAGE OF REGION TOTAL
	($)	($)	(%)
AFRICA (SUB-SAHARAN)	215.6	96.3	44.7%
ARAB STATES AND EUROPE	82.2	25.8	31.4%
ASIA AND THE PACIFIC	293.1	132.8	45.3%
LATIN AMERICA AND THE CARIBBEAN	82.9	40.7	49.1%
TOTAL	673.8	295.6	43.9%

NOTE: FIGURES MAY NOT ADD UP TO THE TOTALS GIVEN DUE TO ROUNDING.

Table J. Proposed programme expenditure authority for 1995 and estimates for new programmable resources for 1996-1998

REGULAR RESOURCES (MILLIONS OF US DOLLARS)

	1995	1996	1997	1998	TOTAL 1995-1998
NEW PROGRAMMABLE RESOURCES[A]	224.0	241.5	255.0	270.5	991.0

(A) SEE TABLE F OF THIS REPORT.

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PERIODIC REPORT ON EVALUATION

REPORT OF THE EXECUTIVE DIRECTOR

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Annex - Review of the PRSD experience

1. This report on UNFPA evaluation activities in 1992 and 1993 has been prepared for the information of the Executive Board in response to Governing Council decisions 82/20 I and 90/35 A, which requested the Executive Director to continue to make biennial reports on evaluation to the Council. The review of the Fund's programme review and strategy development (PRSD) exercise provided in the Annex to this report has been prepared in response to Council decision 92/32 A. No decision is requested of the Board.

A. Project evaluations

2. In addition to day-to-day monitoring of the implementation of projects and the preparation of Annual Project Reports, evaluations are frequently conducted in the course of project implementation as well as upon completion of project activities. The number of project evaluations undertaken during the period under review remained roughly the same as in the previous biennium -- 220 compared to 230. This is a clear indication that the Fund's Guidelines for Project Formulation and Appraisal, which require a monitoring and evaluation component to be built into all projects and emphasize the use of evaluation results in subsequent project cycles, are having the desired impact.

3. Consonant with increasing decentralization of programme functions, most evaluations of country projects are initiated and implemented in the field. This has the advantage that those most directly concerned with the formulation and appraisal of projects have immediate and ready access to evaluation results and that such results will be used to improve project implementation. At the same time, however, because project evaluation reports are not always transmitted to headquarters, the opportunity for synthesizing and disseminating lessons learned is often missed. Efforts to address this situation continue to be made, particularly in connection with the establishment of a redesigned evaluation database, which is discussed in greater detail below.

4. Review of the project evaluation reports available at headquarters indicate that the quality of evaluations, though inconsistent, is generally quite good. It is also notable that national experts and institutions are becoming increasingly involved as evaluators. Members of the UNFPA Country Support Teams (CSTs) are also called upon to conduct project evaluations, although their increasing inputs to project design and technical backstopping could create a conflict of interest in situations where independent assessments are called for.

5. A very common finding in project evaluations is that, despite the inclusion of an evaluation component in each project, the design of most projects was such that meaningful evaluation, particularly of substantive achievements, was rather difficult. More often than not, although projects had a separate budget line for evaluation activities, their strategies and work plans did not include elements that would facilitate such an exercise. To address this shortcoming, in August 1993 the Fund prepared a checklist to ensure that the evaluation needs of a project are addressed adequately in the project design. The checklist, which is intended primarily for use during project appraisal, outlines a set of considerations that should be taken into account in the projects that have built-in evaluation components. The issues raised are generic to evaluation needs and should be applicable to projects in any programme area. These refer to the need, inter alia, to establish a clear definition of the purpose(s) of proposed evaluation(s), to devise measurable indicators, and to identify the methodologies and data to be used. In this connection, and in order to facilitate the establishment of baseline data for project design and evaluation, in November 1993, the Executive Director instructed all UNFPA field offices to maintain up-to-date information on a comprehensive set of indicators of population issues in their respective countries.

B. Thematic evaluations

6. In accordance with the biennial work programme for thematic evaluations, UNFPA conducted a series of evaluations of programmes in various substantive areas. These included information, education and

communication (IEC) strategies in UNFPA-assisted projects in support of family planning programmes; income-generating activities for women within the context of women, population and development activities; and the quality of services in family planning programmes. The main findings, conclusions and recommendations of these thematic evaluations are available in reports published by UNFPA. In addition, another thematic evaluation on local production of contraceptives is in process and should be completed by spring 1994.

7. Desk reviews of UNFPA-assisted programmes were conducted in preparation for two other thematic evaluations -- one on community participation in the implementation of family planning programmes; the other on information and service programmes for adolescents. These desk reviews provided preliminary analyses of UNFPA experience in these programme areas and highlighted issues to be considered in the design of the eventual thematic evaluation.

8. A set of procedures for UNFPA thematic evaluations has been prepared and will be disseminated in English, French and Spanish. These procedures clarify the role and expected contribution of all those involved in such evaluations.

C. PRSD exercises

9. The PRSD exercise continues to serve as the principal programme development tool for country programming. Compared with the previous biennium, many fewer PRSDs were conducted. In 1992, a total of 14 PRSD missions took place -- 9 in Africa (Burundi, Central African Republic, Equatorial Guinea, Ethiopia, Guinea-Bissau, Mali, Madagascar, Sao Tome and Principe, and Uganda); 3 in Asia and the Pacific (Lao People's Democratic Republic, Pakistan, and Thailand); and 2 in Latin America and the Caribbean (Guatemala and Nicaragua). In 1993, 5 PRSD missions were fielded -- 2 in Africa (Chad and Zambia) and 3 in Asia and the Pacific (Islamic Republic of Iran, Maldives, and the Philippines).

10. The sharp decrease in the number of PRSD exercises conducted is due principally to the fact that most countries in which there are UNFPA-assisted programmes have already undergone one such exercise. For this reason, and because the PRSD guidelines have had a period of full implementation, UNFPA conducted two reviews in 1993 of different aspects of the PRSD approach -- one to assess the quality of PRSD reports and the relevance of the findings of the PRSD exercise to the subsequent UNFPA-assisted country programme; the other to examine the Fund's experience with the PRSD process in order to identify measures to improve future such exercises. The findings of these two reviews are summarized in the Annex to this report.

D. Feedback and use of evaluation results

11. As noted in previous reports to the Governing Council on evaluation activities, the UNFPA Programme Committee and Project Review Committee require that proposals of new programmes and projects for UNFPA support document the use of evaluations in their preparation. Specifically, each proposal for a new country programme must be accompanied by the relevant PRSD report. Thus, the soundness and coherence of each proposed programme is assessed within the context of the findings and recommendations of the PRSD exercise. In addition, the findings and recommendations of all mid-term reviews of country programmes and of thematic evaluations are also presented to the Programme Committee for its review and decision in regard to follow-up action.

12. As mentioned above, since almost all project evaluations are initiated and implemented through field offices, the feedback and use of evaluation results in subsequent project cycles are practically assured. At the headquarters level, projects are presented for review, either for funding or monitoring purposes, by the Project

Review Committee, which draws regularly on knowledge derived from past evaluations and assessments of projects in the relevant sector.

13. The relevant findings of thematic evaluations are fed into the programming process through various means, including the wide dissemination of reports and discussions in the aforementioned Committees. With specific reference to recent exercises, the findings of case studies conducted in Zambia in relation to the thematic evaluation of IEC strategies in support of family planning constituted a major input into the background paper for the subsequent PRSD mission to that country. The findings of this thematic evaluation also helped clarify the strengths and weaknesses of different approaches in the IEC sector, noting in particular the institutional requirements for each approach.

14. The thematic evaluation of income-generating activities for women highlighted the prerequisites for viable, effective projects in this area, delineating in particular specific considerations in the appraisal of projects with a credit component. The evaluation concluded that when project inputs reached women and when accessible MCH/FP services were available, the projects appeared to contribute both to increases in income and to changes in reproductive behaviour. In response to the findings and recommendations of the evaluation, UNFPA included a special section on economic activities in its guidelines for UNFPA support of programmes in the area of women, population and development.

15. The findings of the thematic evaluation of the quality of family planning services pointed to the need for more focused attention to quality aspects in project design and monitoring, including choice of contraceptive method, technical competence of health providers, interaction between service provider and clients, mechanisms to encourage continuation of contraceptive use, and appropriateness and acceptability of services. As a result, UNFPA will be consulting with concerned organizations that support and/or deliver family planning services in order to reach agreement on key indicators to be used for assessing the quality of family planning services and to devise a common approach to programming future interventions and monitoring their effectiveness.

16. The challenge ahead is to continue to broaden the basis for feedback to promote cross-fertilization among projects and to establish a comprehensive institutional memory of lessons learned. UNFPA has long had a computerized lessons-learned database, which was established with very modest resources when the technology was still in its embryonic stage. With the increasing volume of data becoming available as built-in evaluations become a regular feature of UNFPA-assisted projects and with developments in office automation at UNFPA, there is a need for a database system that is more advanced, more accessible and more user-friendly.

17. Drawing on the expertise of its in-house management information specialists, UNFPA identified a software package that could accommodate the Fund's growing needs for a redesigned evaluation database. The main objectives of this database are to create an institutional memory of evaluation findings; promote the dissemination and use of evaluation findings; and enable UNFPA to conduct, periodically, trend analyses of issues and problems in project design as well as performance.

18. In designing the new database, particular care was taken to consult with the ultimate users of the system, namely, the technical as well as programme staff. The database will organize the findings of evaluation reports according to issues related to project design, implementation and performance aspects and highlight women's concerns, sustainability of project achievements and lessons learned. During the initial phases of setting up the system, UNFPA will focus on entering data from reports of evaluations already conducted. In order to meet the objectives of the system, however, it will be essential to ensure that evaluation reports are routinely transmitted to headquarters for entry into the system.

19. Another initiative taken to promote the use of the evaluation results of UNFPA-supported projects and programmes was the publication of a new bulletin entitled Evaluation Findings. This publication, issued periodically since mid-1993, provides a synopsis of the findings and lessons learned from both thematic and project/programme evaluations. It is intended to highlight and encapsulate the key issues identified in evaluations in order to strengthen and expedite the feedback process. To date, four issues have been disseminated to UNFPA field and headquarters staff, as well as to the members of the UNFPA Country Support Teams and the Fund's collaborating agencies. Of these, three summarized the findings of recent thematic evaluations and one highlighted common issues in training projects as derived from a desk review of project evaluation reports.

E. Future plans

20. The major undertaking in the immediate future is undoubtedly the independent evaluation of UNFPA arrangements for providing technical support services (TSS). The Governing Council, in its decision 91/37 approving the Executive Director's proposals for successor arrangements for agency support costs, requested that UNFPA arrange for an independent evaluation of the effectiveness of these arrangements and report thereon to the Council in 1995.

21. The objective of the evaluation is to assess the Fund's experiences in implementing the TSS arrangements. In view of the fact that these arrangements have been in effect only since 1992, the evaluation should be viewed as an interim assessment of an evolving system. Its focus will be on analysing the effectiveness of the mechanisms and procedures established to make the TSS system operational in order to make recommendations to improve it. UNFPA will present the findings and recommendations of the evaluation to the Executive Board in 1995, as requested in paragraph 14 of decision 91/37.

22. In the biennium 1994-1995, work will continue on two thematic evaluations for which desk reviews are in process. The first of these refers to information and service programmes for adolescents. Over 70 projects have been identified that either target adolescents exclusively or have components that target them. On the basis of the desk review, some projects will be selected for more in-depth analysis as case studies in countries that have serious teen-age/adolescent pregnancy problems.

23. The other desk review -- of community participation in family planning programmes -- is focusing on the promotion and delivery of services. From an initial sample of over 60 projects, 15 have been selected for more in-depth review. In all of these, community participation was perceived as an implementation strategy rather than as a goal in itself; in most instances the objective was to expand the coverage of service delivery. Initial findings have identified a number of factors that have either hampered or enhanced the effectiveness of community-based approaches.

24. A related topic that will be examined through comparative analysis is that of the use of traditional birth attendants (TBAs) in the delivery of family planning services. UNFPA has for many years assisted governments in the use of TBAs in promoting family planning. While there is general appreciation of the unique contribution that TBAs can make towards expanding the coverage of family planning, particularly through overcoming cultural and ethnic barriers, there is a need to take stock of how well the support being provided to TBAs is enabling them to perform their intended role and of how their performance is being monitored. This evaluation is expected to provide lessons learned to guide future programmes involving TBAs, in due recognition of the increased emphasis being placed on the quality of family planning services.

25. As UNFPA continues its efforts to strengthen programme development through the PRSD process, it will pay particular attention to the evaluation component in that process. The focus of attention has been on evaluations at the project level -- the level at which the feedback and use of evaluation results have also taken place. The lessons learned, however, are not regularly analysed at the programme level and therefore

do not necessarily provide a comprehensive assessment of programme performance. To address this, the country programme mid-term review mechanism needs to be strengthened. More important, as most countries have already undergone a PRSD exercise and many of them are about to start a second post-PRSD programme cycle, there is an immediate need to validate the relevance of the strategies adopted as well as evaluate the performance of measures taken to implement them. In sum, more attention needs to be paid to highlight the programme evaluation aspect in the programming process.

26. Evaluations of country programmes must be conducted on a regular basis as an integral part of the programming process in order to assess performance from substantive as well as managerial/operational perspectives. Such assessments are critical to efforts to improve the quality of programmes and to ensure accountability in a climate of increasing decentralization. The process and methodology of evaluation need to be better defined in order to optimize inputs from programme, technical and evaluation staff as well as from members of CSTs. As a start, in November 1993, the Executive Director instructed all UNFPA Representatives and Country Directors to ensure that quantifiable goals are formulated for all ongoing, as well as new, country programmes.

27. While country programme evaluations provide the opportunity to take stock at specific points in time, the process of continuous monitoring is essential for maintaining the momentum and integrity of implementation. In order to strengthen monitoring of programme performance, UNFPA plans to define and develop a management information system (MIS) that would be an integral part of each country programme. Such a system would enable both the concerned government and UNFPA to have regular feedback on the process of programme implementation. It would also fill the current gap in quantitative data for reviews and evaluations at both project as well as programme levels.

ANNEX

REVIEW OF THE PRSD EXPERIENCE

1. In 1993, UNFPA undertook two reviews of its experience with the PRSD exercise. One review analysed the quality of PRSD reports and examined the extent to which UNFPA-assisted programmes reflected the findings and recommendations of the PRSD exercise. The other review focused on the PRSD process as a whole, from the preparatory through follow-up phases. The objective of both reviews was to identify areas of weakness so that steps could be taken to strengthen the effectiveness of the exercise both as a programming tool and as a means of improving the quality of UNFPA assistance.

2. The review of 29 PRSD reports (covering the period 1989-1992) indicated that the overall quality of the reports had improved over time. The reports prepared in 1992 were generally more comprehensive in their analysis and provided clearer strategic guidance than those prepared in earlier years. Still, a number of the reports failed to define clear national and sectoral strategies or to place the recommended strategies in the appropriate sequence or proper context within the national population programme. Others confused sectoral strategies with objectives and activities, which resulted in recommendations that were too detailed and project-specific.

3. The review found that the objectives and strategies of the corresponding UNFPA country programmes were clearly based on the PRSD recommendations. These recommendations were often so broadly stated, however, that most interventions in UNFPA's major programme areas could have been rationalized. Moreover, although the recommendations generally were specific to the needs of the country reviewed, they often were not prioritized. This made it difficult to pinpoint what could reasonably be achieved in a 5- or 10-year period. Part of the problem can be traced to weak analyses of national capacities in various sectors, the lack of critical assessment of key issues in implementing population programmes, and the failure to cast PRSD findings in the overall national development context.

4. The review of the PRSD process as a whole found that the exercises had yielded a wealth of data, enhanced the understanding of the population dynamics in the countries reviewed, and facilitated the future planning, design and implementation of national population programmes. It was often difficult, however, to correlate the proposed interventions and allocation of resources by sector with the recommendations of the PRSD mission.

5. Overall, the approach to the PRSD exercise was found, in general, to be too mission-driven. Much energy and attention were focused on activities specific to organizing and conducting the PRSD mission, but not enough on critical preparatory and follow-up activities. As a result, gaps in background data and documentation often hampered both programme analysis and strategy development. Moreover, the missions often seemed to be headquarters-imposed because of a lack of clarity regarding the role of the Government and of the UNFPA field office.

6. As most developing countries have already undergone a PRSD exercise and the first round of post-PRSD country programmes have come to an end, there is a need to assess the relevance of the strategies adopted and also to evaluate programme performance. In some instances, an update of the PRSD may be needed as new information becomes available or circumstances change substantially in one or more programme sectors. In the rare case where the initial PRSD exercise no longer appears to be applicable due to major changes in circumstances, UNFPA may consider conducting a second full-fledged PRSD exercise.

7. The next phase of the programme development process should begin with the mid-term review of the country programme, at which time implementation issues are examined. In this connection, it is important

to draw a clear distinction between those issues that are strategic and substantive in nature and those that are operational and managerial in nature. Well-conducted mid-term reviews, therefore, should provide indications of how programme performance should be evaluated, as well as what actions are needed to develop the next programme.

8. The two reviews conducted by UNFPA show the PRSD exercise to be a powerful approach to population programming. UNFPA has learned a number of lessons concerning both the organizational as well as substantive aspects of this approach. There is already some evidence that the lessons learned are being applied. The Fund recognizes, however, that the full potential of the approach has not yet been realized. A case in point is the fact that the PRSD reports, many of which provide high-quality country analyses, are still used primarily and, in most cases, exclusively for UNFPA programming. This may be due in part to the fact that the reports have not provided estimates of what it would cost to implement the PRSD recommendations.

9. The review and assessment of programme strategies and the evaluation of programme performance are part of a continuum to enhance programme impact and efficiency. They are also at the core of the PRSD concept, which needs to be appreciated as an ongoing process of regular substantive monitoring. Among the measures needed to strengthen that process are to generate and maintain population programme data on a country-by-country basis; clearly define the roles and responsibilities of concerned parties; clearly delineate the various phases in the programming process; and refine the tools used in programming and evaluation.

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Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s

Report of the Executive Director

Summary

This report has been prepared in response to Governing Council decision 91/35 A, which authorized the Executive Director to continue working with a consultative group of interested parties in order to exchange and update information on contraceptive requirements and related issues, and decision 92/32 A, which requested the Executive Director to submit to the Council at its forty-first session a report on the Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s. The report is divided into two sections: an update of global contraceptive requirements and a review of the activities of the Global Initiative.

The Executive Director requests that the Executive Board endorse the continuation of the work of the Global Initiative (as requested by the Governing Council in decision 93/27A, para. 10) and authorize UNFPA to make appropriate arrangements, through the use of project funds, to continue the work of the secretariat of the Global Initiative located within UNFPA for a further two-year period, 1994-1996, and to submit to the Executive Board in 1996 a report on the Global Initiative as well as proposals for continuing its work beyond 1996 if necessary.

I. UPDATE OF GLOBAL CONTRACEPTIVE REQUIREMENTS

1. This section of the report provides an update of the global estimates of contraceptive requirements in developing countries, including estimates of condom requirements for HIV/AIDS prevention.[1] This update builds on the earlier global estimates contained in the UNFPA report Contraceptive requirements and demand for contraceptive commodities in developing countries in the 1990s (document DP/1991/34), submitted to the Governing Council at its thirty-eighth session (1991). The update incorporates the latest data from the United Nations, the Demographic Health Surveys, the in-depth country studies conducted under the Global Initiative, and other sources, and includes estimates of condom requirements for HIV/AIDS prevention prepared by the World Health Organization Global Programme on AIDS (WHO/GPA).

2. Contraceptive use by married women. During the period 1994-2005, the number of women 15-49 years of age in developing countries is expected to increase by approximately 22 million a year, from 1,107 million in 1994 to 1,369 million in the year 2005. The number of married women of reproductive age (MWRA) in developing countries is expected to increase by around 14 million a year, a total increase of 169 million, or 21.5 per cent, in the period 1994-2005. In 1994, it is estimated that 446 million married women are contraceptive users in developing countries, constituting 56.8 per cent of MWRA. For the level of contraceptive use to remain the same over the period 1994-2005, there would need to be about 96 million more contraceptive users in 2005 than in 1994, making a total of 562 million, solely because of the large increase in the number of MWRA.

3. In order for population growth to remain in line with the United Nations medium projection, which forecasts an addition of 950 million persons by the year 2005, a modest increase in contraceptive prevalence in developing countries from 56.8 per cent in 1994 to 63 per cent in 2005 would have to take place. This increase of about one-half of one per cent per year in contraceptive prevalence, combined with the large increase in the number of MWRA, yields an increase of 157 million contraceptive users, bringing to 603 million the total number of married women using contraception by the year 2005.

4. In order to reach the United Nations low population projection, the number of contraceptive users would have to reach 622 million in the year 2005, 176 million more than in 1994. The very ambitious goal of attaining replacement fertility for each country in the world would require 269 million additional users in 2005, 60 per cent more than the number in 1994.

5. Of the 446 million users of contraception in 1994, 399 million (90 per cent) use modern methods of contraception; the remaining 10 per cent use traditional methods. Among the modern methods, 85 per cent are female methods and 15 per cent are male methods. Clinical methods (e.g., sterilization, vasectomy, injectables, IUDs, implants) are used by about 80 per cent of all users of modern methods and supply methods (pills and condoms) by 20 per cent.

6. Method use. It is estimated that of the 446 million current users in developing countries, 200 million (45 per cent of all users) are protected by sterilization (80.5 per cent through female procedures and 19.5 per cent by vasectomy). The IUD is the second most used contraceptive method, by 112 million (25 per cent of all users). The pill is used by more than 51 million women (12 per cent of all users), the condom by almost 25 million couples (6 per cent of all users), and although injectable use is probably increasing relatively rapidly in developing countries, survey data indicate that it is used by little more than 10 million women (2.2 per cent). (The remaining 47 million contraceptive users use traditional methods.)

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[1] The update uses a demographic methodology, since at present sufficient data are not available to prepare global estimates based on unmet need. However, the basic purpose of the exercise is to estimate the volume and costs of the contraceptives required to meet the current and future needs of individual women and men.

7. Method mix differs markedly by region. For example, in Asia, sterilization and IUDs account for 76 per cent of users; in Latin America, 38 per cent use sterilization and 28 per cent use the pill. In both sub-Saharan Africa and the Arab States and Europe, the pill is the most used method (26 per cent and 31 per cent, respectively), while sterilization is much less popular. The largest proportionate use of injectables is in sub-Saharan Africa with 13 per cent of all users.

8. Contraceptive use among all women. At the time of the survey, data on contraceptive use among women who were not married were available for 34 countries only -- 13 in Latin America, 20 in sub-Saharan Africa, and 1 in Asia. In the 13 countries in Latin America, the estimated number of contraceptive users among women who were not married was 4.6 million (equivalent to 10 per cent of married women users). In sub-Saharan Africa, there were about 17 million users among those not married (roughly half as many as among married women). The proportion of contraceptive users among the not-married women 15-49 years of age was 17 per cent in sub-Saharan Africa and 9.5 per cent in Latin America. All further estimates in this report are based on total users, both married and unmarried.

9. Contraceptive commodity requirements. In order to achieve the level of contraceptive use projected for 2005, very large numbers of contraceptive commodities will be required. Estimates of contraceptive commodity requirements for the period 1994-2005 are: 196 million sterilization procedures, 436 million IUDs, 898 million doses of injectables, 12.3 billion cycles of pills and 55.7 billion condoms.

10. Cost of contraceptive commodities. The estimated annual cost of such contraceptive commodities for family planning would increase from $528 million in 1994 to $752 million in the year 2005. The total for the 12-year period 1994-2005 is estimated to be $7.7 billion and averages just over $640 million per year. This compares to $5.1 billion for the 10-year period 1991-2000 presented in the original estimate of global contraceptive requirements in 1991, averaging $510 million per year. An additional 14.6 million condoms for the prevention of AIDS and other sexually transmitted diseases (STDs) are estimated to be required for the period 1993-2005 at a cost of $406.5 million. Thus, the total cost of commodities, including condoms for HIV/AIDS prevention, during this period is estimated as $8.1 billion. The breakdown by method is as follows: pills, $2.5 billion; sterilization procedures, $2.0 billion; condoms, $1.95 billion ($1.55 billion for family planning and $0.4 billion for STD/AIDS prevention); injectables, $907 million; and IUDs, $733 million.[2]

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[2] There can be substantial variation in the cost of commodities dependent upon such factors as place of purchase, volume of each purchase, and packaging and shipping. The figures given below are estimated averages for purchases on the international market and include an allowance of 15 per cent added to the "Free on Board" (FOB) price of the good to cover delivery to the port of entry.

Condoms	$0.0278 per piece	
Pills	$0.20 per cycle	
Injectables		
	Depo Provera	$0.92 + $0.05 for needles, syringe, and swabs, per dose
	Noristerat	$1.00 + $0.05 for needles, syringe, and swabs, per dose
IUDs-Tcu 380A	$0.74 + $0.94 for equipment and supplies used for insertions	
Sterilization	$10.375 per procedure	
Norplant	$26.45 for a set of implants + $5.23 for equipment and supplies	

These are current costs, and no cost escalation over the period is included in the projections. The costs of condoms, pills, injectables, and IUDs are about the same in 1993 as they were in 1990. The price of the Norplant implant has increased about 15 per cent since 1990, and equipment and supplies required for sterilization have increased in price by about 5 per cent from 1990 to 1993.

11. The bulk of the costs -- 71 per cent, or almost $5.5 billion -- occur in the Asia and the Pacific region. The Arab States and Europe region account for the smallest proportion of the costs for 1994-2005, at 5.8 per cent ($443 million), though over the 12-year period the annual cost increases by 72 per cent (from $27.4 million in 1994 to $47.3 million in 2005). Sub-Saharan Africa accounts for 8.8 per cent of the total costs ($680 million), but costs in 2005 ($79.8 million) are estimated to be more than double those in 1994 ($35.6 million). Costs of over $1 billion for contraceptives are projected for Latin American and the Caribbean region (14 per cent of the total), with annual costs increasing by just over a third between 1994 and 2005 (from $76.5 million to $103 million).

12. Sources of supply. Governments supply about 86 per cent of all modern methods that are used in developing countries. About 95 per cent of clinical methods (sterilization and IUDs) are supplied by governments; equivalent figures for pills and condoms are 57 per cent and 47 per cent, respectively. These summary figures generally reflect the situation in Asia where the large majority of the population and contraceptive users live.

13. In Asia, governments furnish the supplies for more than 90 per cent of users of sterilization and IUDs, almost 80 per cent of users of pills, more than two-thirds of users of injectables, and about half the users of condoms. Sixty-five per cent of contraceptive users in sub-Saharan Africa receive supplies from governments, primarily injectables, pills and IUDs, and the private sector accounts for 47 per cent of sterilizations and 64 per cent of condoms. In Latin America, 62 per cent of users of modern methods (including more than 80 per cent of users of the pill, injectables, and condoms) receive their supplies from the private sector. Similarly, in the Arab States and Europe, 58 per cent receive their supplies from the private sector (including more than three-fourths of all condom users and two-thirds of all pill users).

14. In summary, governments supply very large proportions of all contraceptives in Asia, particularly clinical methods. In sub-Saharan Africa, the public sector probably is increasingly the source of supply for modern methods of contraception, although almost two-thirds of users of condoms receive supplies from the private sector. In the Arab States and Europe, the private sector supplies more contraceptives than governments do, with the exception of sterilization, and the IUD and injectables are about equally divided between government and private sources. In Latin America, governments supply more sterilizations and IUDs than the private sector does in the ratio of 60/40, but all other methods are largely supplied by the private sector.

15. In 1994, the cost of contraceptive commodities in developing countries is estimated to be $528 million. Taking into account that governments in different countries supply varying proportions of each modern method, it is estimated that the contraceptive commodities provided by governments (including those channeled through multilateral and bilateral donors) will total $398 million in 1994. Donors will contribute approximately $100 million of this figure (based on 1992 data, when the United States Agency for International Development (USAID) spent $39.9 million on contraceptive commodities, and UNFPA, using its own resources, spent $17.1 million, and another $33.9 million on behalf of others, yielding a total of $90.9 million). This suggests that developing country governments will provide approximately 75 per cent of the total costs of contraceptive commodities in 1994. (Almost half of these costs occur in China and India.)

16. According to these figures, the private sector accounts for about 25 per cent of the total, or $130 million. The International Planned Parenthood Federation (IPPF) provided almost $10 million to non-governmental organizations (NGOs) for contraceptive commodities in 1992. A large part of the remaining $120 million were in sales. Pharmacy figures, according to these estimates, account for 4.1 per cent of the total, or $22 million. However, the consumer pays considerably more since the quoted figures are based on large volume, wholesale prices.

17. Projections of condom requirements for STD/AIDS prevention. The assumptions and estimates in this section of the report were prepared by WHO/GPA. The foundation for the projections is an estimate of

the number of condoms being distributed for STD/AIDS prevention in each country in 1993. The 1993 baseline then provides the basis for two estimates (low and high variants) of condom requirements through 2005. For the purposes of this report, the average of the low and high projections is presented. The projection attempts to be as realistic as possible and recognizes that only a portion of the people at risk who should use condoms actually do so. On the other hand, "ideal" demand -- demand by all those who should use condoms -- is not calculated. No one scenario for projecting condom requirements can adequately address the unique conditions that exist in every country and, in particular, the status of the AIDS epidemic and the individual and national response to it in that country.

18. The projection of condom requirements is based on two variables: percentage of men always using condoms and number of condoms per male per year. In the absence of country-specific data on sexual behaviour and condom use in the context of STD/AIDS prevention for most countries, estimates had to be made of these variables. The total male population aged 15-59, urban and rural, is assumed to be at risk of STD/HIV infection because they are all, to some extent, likely to be sexually active.

19. Men always using condoms represents the number of men assumed to use condoms for "every" high-risk sexual encounter during the year. This variable is assumed to increase in response to promotional condom campaigns. For the low variant, it is assumed that the number of men using condoms increases by 5 per cent in 1994-1995 and by 3 per cent during 1996-2005. The annual increases in the high variant are 15 and 5 per cent for the two periods respectively. The number of condoms per male represents the number of condoms per male per year that could be used during high-risk encounters (estimated at 20 condoms for the low variant and 38 condoms for the high variant, per male per year).

20. The requirements of condoms for STD/AIDS prevention in developing countries is estimated to be about 525 million in 1993, 815 million in 1994, and 1,517 million in 2005. The cost of condoms would be approximately $22.6 million in 1994, and would increase by 5 to 6 per cent each year thereafter. In 2005, the estimated costs of condoms for HIV/AIDS prevention would be $42.1 million. The total number of condoms required for 1993-2005 would be 14,635 million, and the cost would be about $406.5 million, an average of $31.3 million per year. The numbers of condoms required, according to these estimates, are large, but the number of condoms per male aged 15-59 per year is relatively small -- only 5 per male per year in sub-Saharan Africa in 1995 and fewer in the other regions.

21. The developing countries in the Arab States and Europe region are estimated to account for only a small proportion of the total, just over one-half of one per cent of the developing country total. Latin America accounts for about 6 per cent, and Asia is estimated to need 31 per cent of the total requirements (29 per cent in 1993, increasing to 32 per cent in 2005). Sub-Saharan Africa is estimated to have the greatest need by far -- 61 per cent of all users in 1995, and 60 per cent during the period 1993-2005, even though males aged 15-59 in sub-Saharan Africa are only about 10 per cent of all males aged 15-59 in developing countries.

II. ACTIVITIES OF THE GLOBAL INITIATIVE ON CONTRACEPTIVE REQUIREMENTS AND LOGISTICS MANAGEMENT NEEDS

22. Following decision 91/35 A, taken by the Governing Council at its thirty-eighth session, and the recommendations of the 31 May 1991 Follow-up Consultative Group Meeting on Contraceptive Requirements, a small working group of interested parties was formed to guide and steer in-depth country studies of contraceptive requirements and logistics management needs. The working group held its first meeting at UNFPA headquarters on 16 September 1991 to initiate action on the implementation of the Global Initiative and, inter alia, to discuss the 12 countries proposed for study at the 31 May 1991 meeting: Bangladesh, Brazil, Egypt, India, Mexico, Nepal, Nigeria, Pakistan, the Philippines, Turkey, Viet Nam and Zimbabwe.

23. UNFPA sought funding for a two-year project, 1992-1993, to establish a small secretariat consisting of two professional staff (logistics management adviser and technical adviser-programme) and one support staff

to plan, manage and implement the in-depth country studies. Support was provided by the Swedish International Development Authority (SIDA), the Rockefeller Foundation, and the World Bank in the total amount of $571,248. Staff recruitment was completed by July 1992.

24. Simultaneously, UNFPA developed and obtained approval for an interregional project for $570,000 to cover 1992-1993 operational costs related to the in-depth studies, the meetings of the working group, and the annual meeting of the Consultative Group. Both of these projects have sufficient funds available to enable the Global Initiative to carry out its work until the end of June 1994.

25. During 1992-1993, in-depth studies were completed in the following countries (in chronological order): Pakistan, Zimbabwe, India, Nepal, Turkey, Viet Nam and the Philippines. In addition to projecting contraceptive requirements over a 10-year period, the in-depth country studies also focus on the areas of logistics management needs, the role of NGOs and the private sector in family planning service delivery, condom requirements for STD/AIDS prevention, options for local production, and trends in the sources and uses of funds for contraceptive commodities and logistics management needs. The missions reflected the collaborative nature of the Global Initiative in that of 40 team members who worked on the seven studies, 15 were supported by the following international donors and agencies: IPPF, the United Kingdom Overseas Development Administration (ODA), the Rockefeller Foundation, SIDA, USAID, the World Bank, and WHO/GPA.

26. Reports of all the in-depth studies have been published and widely disseminated. During 1993, UNFPA also published and disseminated Contraceptive Procurement: Options for Programme Managers. French and Spanish translations of this document were published in 1994.

27. In addition, at the request of the working group, UNFPA, in conjunction with IPPF, USAID and WHO/GPA, has undertaken to develop a database on contraceptive commodity provision in developing countries. A key function of the database will be to facilitate and encourage coordination and cooperation in the area of contraceptive requirements, both among donor agencies and between donor agencies and governments.

28. In 1993, as per the recommendation of the working group and the Consultative Group, UNFPA requested its Country Directors in those countries where studies had been completed and reports published (Pakistan, Zimbabwe, India and Nepal) to work closely with the Government in developing a follow-up action plan providing a specific time-frame and a clear designation of responsibilities among government organizations, donors, UNFPA and, as appropriate, NGOs and the private sector in order to implement the recommendations of the in-depth study.

29. Upon completion of the 12 in-depth studies, UNFPA intends to prepare, publish and widely disseminate a report or reports on lessons learned from the in-depth studies, on how to prepare for and conduct an in-depth study, and on the methodology used in the studies. It is expected that these reports will provide a source of technical expertise and knowledge for those countries wishing to conduct their own studies.

30. Most activities currently foreseen under the Global Initiative will be completed by mid-1995. As regards future directions, the main areas for consideration are: to conduct medium-term follow-up analyses of the in-depth studies; to provide technical assistance and support to training in logistics management and projections of contraceptive requirements; to strengthen the coordinated procurement of contraceptive commodities; to devise cost-sharing and cost-recovery schemes for family planning services; and to examine in greater depth human resource requirements for the provision of family planning services.

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Update on the UNFPA Review and Assessment Exercise

Report of the Executive Director

Summary

This report has been prepared in response to Governing Council decision 93/27 A, which requested the Executive Director to submit to the Council at its forty-first session (1994) a report updating the review and assessment study of the Fund and synthesizing the UNFPA experience over the last 25 years, and to present, at the forty-second session of the Council, the Executive Director's proposals on programme priorities and future direction of UNFPA, taking into account the views of the Governing Council on the report to be submitted to the forty-first session, as well as the recommendations of the International Conference on Population and Development (ICPD), to be held in Cairo in September 1994 (para. 12). This report gives due consideration to the comprehensive UNFPA review and assessment exercise completed in 1989 and incorporates new experience gained during five additional years of population programme implementation.

Recommendation. The Executive Director requests the Executive Board to take note of issues raised in the report and to bring to the attention of UNFPA any additional issues that merit consideration at this time. The Executive Board may also wish to reiterate its request that the Executive Director report to the Board at its regular session in October 1994 on the policy and programme implications of the recommendations of the International Conference on Population and Development.

A. Review and assessment exercise: Lessons learned 1969-1989

1. The review and assessment exercise examined what had worked in the population field and what had not and identified the factors responsible for success or failure of national population programmes in three key areas of the UNFPA work programme over the 20-year period from 1969 to 1989: population data, policy development and planning; maternal and child health and family planning (MCH/FP); and information, education and communication (IEC). UNFPA published the findings and recommendations of the review and assessment in a comprehensive study entitled Population Policies and Programmes: Lessons Learned from Two Decades of Experience, in which it analysed programming and policy concerns in the three key areas, examined such concerns from a regional perspective and discussed an agenda for the future. The review and assessment concluded that, while considerable progress had been made in the population field, the international community should intensify its technical and financial support to help developing countries to implement their population and family planning programmes.

2. UNFPA also submitted a report to the Governing Council on the policy implications of the findings and recommendations of the review and assessment (document DP/1989/37). That report noted the implications of population changes in the 1990s and identified population programme goals for the 1990s. These goals were: (a) to develop comprehensive population policies to help achieve sustainable development; (b) to decelerate rapid population growth by expanding family planning information, education and services; (c) to lower current levels of infant, child and maternal mortality; and (d) to improve the role, status and participation of women. The report concluded with an analysis of the implications of the review and assessment for population programming in the 1990s. It stressed that countries had to obtain needed political support, introduce strategic planning and programming, diversify the agents for demographic change (e.g., to include non-governmental organizations, community and religious organizations, and women's groups) and strengthen resource mobilization. The report, and the review and assessment more generally, also anticipated the main thrust of General Assembly resolutions 44/211 and 47/199, stressing the importance of developing a national plan to serve as a framework for coordinating all population activities within the country and emphasizing the need to rapidly strengthen national capacity to manage such a plan.

3. The update of the review and assessment, the main findings of which are summarized below, reaffirmed the continuing relevance of the policy implications noted in document DP/1989/37 and identified a number of additional issues that deserve further attention.

B. Update 1989-1994

4. The recent update finds that the demographic situation in many developing countries has shown considerable improvement during the period from 1969 to 1994: fertility levels have declined from an average of 6.0 live births per woman in 1965-1970 to 3.6 in 1990-1995; crude death rates have fallen from 15 per 1,000 to 9 per 1,000 respectively; and life expectancy at birth has increased by nearly 20 per cent, from 52 years to 62 years. Overall, the health of women and children is improving, and contraceptive prevalence, which has increased from around 30 per cent in 1965-1970 to an estimated 56.8 per cent of women of reproductive age in 1994, is growing at a rate faster than that anticipated in the 1989 review and assessment. In most regions, enhancing the role and status of women has been emphasized in governmental policies and has been supported by programmes to bring about the changes envisaged in these policies. Indeed, efforts to remove discrimination against girls are producing results. Enrolment of girls in primary and secondary schools is on the rise, and female school enrolment as a proportion of male enrolment increased from 78 per cent in 1980 to 83 per cent in 1990. IEC programmes have successfully influenced changes in reproductive health behaviours in a large number of developing countries and are becoming more adept at reaching special populations.

5. In part, these improvements are reflected in, and are a result of, enhanced population data and methodologies that permit the more effective use of resources to reach people in need of services. The update

of the review and assessment reaffirmed the key role played by population policy and planning units or commissions in facilitating government efforts to integrate population variables into development plans at both the national and subnational levels. In 1965-1970, such units/commissions were almost totally non-existent; at the time of the update, population units/commissions had been established in over 70 developing countries. As noted in the 1989 review and assessment, these units/commissions serve a number of important purposes: politically, they indicate a country's commitment to population issues; operationally, they help to integrate population concerns into development planning; institutionally, they serve as a focal point for population expertise and programme review and assessment; and physically, they promote interaction between economists/planners and demographers, thereby broadening development perspectives.

6. The update also reaffirmed the importance of the Fund's Programme Review and Strategy Development (PRSD) exercise as an integral component of strategic planning and programming at the country level. The exercise, which is organized by UNFPA in cooperation with the Government, analyses a country's current population status and needs, assesses past population activities, and makes recommendations for future action. One of its primary aims is to develop a comprehensive strategic framework for population activities at the country level over the next 5 to 10 years within the context of national development priorities and objectives. The PRSD exercise, therefore, is itself a valuable input into the formulation of a country strategy note, which seeks, inter alia, to ensure the effective integration of assistance provided by the United Nations system into the development process of the country. This is reinforced by the Fund's technical support services (TSS) arrangements, which, extended primarily through UNFPA Country Support Teams (CSTs), provide the high-quality technical assistance needed to ensure effective strategic programming and to promote and enhance national execution and decentralization.

7. Despite these achievements, however, the update identified a number of issues that still require further elaboration and coordinated and concerted action. These include the need: (1) to obtain accurate estimates of global requirements for contraceptive commodities and to devise ways to provide contraceptives to meet these requirements; (2) to adopt an integrated approach to reproductive health care; (3) to strengthen policies and procedures for matching resources to evolving needs at the country level, including the need to redefine the roles of successful programmes; (4) to address the special problems associated with the ageing of populations; (5) to devise policies and provide assistance and services responsive to the needs of refugees and recent migrants; (6) to improve strategic planning and programme implementation; and (7) to mobilize additional resources to help countries meet the basic needs of their population programmes.

8. The first issue concerns countries' capability of meeting their contraceptive requirements in the 1990s. To help determine what these requirements are, UNFPA prepared, in collaboration with The Population Council, an update of the global estimates of contraceptive requirements for 1994-2005, which included estimates of condom requirements for the prevention of sexually transmitted diseases (STDs) and AIDS, prepared by the World Health Organization (WHO)/Global Programme on AIDS (GPA). The update estimated the cost of contraceptive commodities needed to meet projected contraceptive use for family planning for the 12-year period at $7.7 billion. The total cost of contraceptive commodities increases to $8.1 billion when the cost of condoms for HIV/AIDS prevention (estimated at $406.5 million for the 12-year period) are included in the projection. A summary of the findings of the update are provided in document DP/1994/47, which is being submitted to the Executive Board at its first annual session.

9. Second, the update acknowledged the need to continue to improve the quality of family planning programmes and to provide family planning services within the framework of reproductive health care services. Integrated reproductive health care/family planning services seek to ensure that people have the ability to reproduce, to regulate their fertility and to have healthy and responsible sexual relationships. Such services, to be provided through primary health care systems, could include: (a) information and services aimed at all couples and individuals, including adolescents; (b) treatment of gynaecological problems related to contraception; (c) information, education and services dealing with prenatal and postnatal care as well as with childbirth; (d) information and services regarding the prevention of STDs, including counselling, distribution

of condoms for HIV/AIDS prevention and referral services for follow-up care; (e) diagnosis and treatment of infertility and sub-fecundity and referral for follow-up; and (f) routine reproductive health check-ups for women. These services would adopt a client-centred approach and seek to satisfy the unmet reproductive health care/family planning needs of individuals and couples.

10. The integrated reproductive health care/family planning perspective goes beyond the absence of disease or disorders of the reproductive process and implies that reproduction should be carried to a successful outcome. It also includes the reproductive health needs of men and of adolescents and involves extending services to all women of reproductive age, as well as to those beyond reproductive age who may require care for the aftereffects of illnesses associated with their childbearing years. The burden of ill-health associated with frequent and untimely reproduction falls disproportionately on women, who must endure greater hardships from the long-term effects of STDs, are more susceptible to HIV infection, and face a heavier social and psychological burden for a couples' inability to have children. Women also assume greater responsibility for use of contraception, although methods available for use by men have fewer side effects or risks. The emphasis on reproductive health care reflects a commitment to promote good health and to prevent disease, not only during pregnancy and at childbirth, but also throughout people's lives, from adolescence through adulthood.

11. The emphasis on integrated reproductive health care/family planning also requires increased efforts to improve the quality of care. This involves, inter alia, providing a mix of contraceptive methods that are sufficiently diverse to meet the needs of all users; assisting clients in making voluntary and informed choices of contraceptives; improving the technical competence of service providers through on-the-job training in clinical skills and in interpersonal communications and counselling; providing clients with complete, accurate and understandable information; developing and/or strengthening follow-up and referral mechanisms and record-keeping systems; and training supervisors to monitor the quality of the services delivered (not just the outcomes as indicated by service statistics) and to provide technical advice in a supportive way.

12. The update suggested that reproductive health care should serve as the linchpin of integrated programmes, around which related services and activities should be structured and coordinated. For example, IEC activities should be an integral component of efforts to achieve satisfactory levels of reproductive health. They should seek to involve men more fully in family planning and reproductive health care activities and be designed to assist both adults and adolescents in making free and informed decisions concerning their sexual and reproductive lives. Indeed, a 1993 survey on the effects of sex education on young people's sexual behaviour, conducted by WHO, underscores the importance of providing youth with appropriate and timely information and services. The survey suggests that reproductive health education for youth not only helps to reduce high-risk behaviour among sexually active youth, it also leads either to a delay in starting sexual activity or to a decrease in overall sexual activity. The update also recommended that population IEC programmes should develop strategies to enable couples, families and youth to discuss population and reproductive health issues openly and honestly.

13. The broader concept of integrated reproductive health care/family planning requires that IEC messages should incorporate information on such issues as, inter alia, the status and role of women, STD/AIDS prevention, safe motherhood and child survival, and environmental protection. Moreover, IEC strategies should emphasize activities that serve as a bridge between the people, planners and programme implementers. This will help improve communications between these groups, enhance the relevancy of IEC messages and ensure greater responsiveness to the needs of the people.

14. The third issue involves strengthening policies and procedures for matching resources with evolving needs at the country level. The importance of this was reaffirmed by the General Assembly in its resolution 47/199, which noted the need for priority allocation of scarce grant resources to programmes and projects in low-income countries, particularly the least developed countries (para. 4). Such priority allocation of resources has long been a concern of UNFPA, as reflected in Fund's extensive experience in implementing its priority-

country system. That system has enabled UNFPA to be flexible in responding to changing economic and demographic situations and to concentrate its resources in countries with the most critical needs.

15. The third issue also arises from the progress achieved in population programmes in many parts of the world. Many of these programmes have met, or even surpassed, the goals set forth in the ICPD draft programme of action for the year 2015 for improved health status and satisfaction of couples' family planning and reproductive health care needs. This success is seen in: levels of infant mortality that other developing countries are unlikely to achieve without decades of further efforts; average family size at or below the level needed to maintain a stable population size; and access to services of high quality to allow couples to space and limit births and to avoid unwanted pregnancies. Additionally, there is a larger group of developing countries that will attain similar levels of success in meeting the needs of their populations within the next few years.

16. Taken together, these successful programmes not only demonstrate individual achievements, they also add greatly to the pool of human and technical resources that can be mobilized to help countries address their population issues. Indeed, such countries now have the capacity to assist other developing countries in achieving their population goals by, for example, enhancing South-to-South cooperation, providing hands-on training, and forging partnerships in such endeavours as contraceptive research and contraceptive production. These successful countries may no longer require external assistance for comprehensive population programmes, as they have committed high levels of internal resources to meeting the needs of their people. However, international assistance may still be required to help them meet the needs of certain groups within their populations and to implement selected activities within their national programmes. The Fund will therefore need to further examine how best it can effectively meet the changing needs of these countries.

17. Fourth, in many developing countries, particularly those in Asia and Latin America, the proportion and number of people aged 65 and over are rapidly increasing. The resulting changes in the age-structure of populations pose special problems to these countries, which are increasingly faced with meeting the basic needs of not only a relatively large young adult population but also a rapidly expanding elderly population. The elderly have special needs for housing, employment, health care, social welfare and recreation. Although most will work less or not at all, some will work into their advanced years. Moreover, while the need for health services and the level of disability increases with age, most elderly are able to lead full and independent lives and contribute to their families and communities. For most developing countries, the built-in momentum of high population growth rates is already increasing the size of their elderly populations. The present challenge facing all countries, developed and developing alike, is to create conditions that will allow the elderly to work and live independently in their own communities. This can be achieved only if countries act now to develop comprehensive, long-term development strategies that specifically take into account the social, economic, health and psychological implications of ageing populations.

18. Fifth, internal migration, and in particular the movement of people to cities, is an intrinsic part of social and economic development. However, unless the growth of urban centres is accompanied by provision of adequate resources to create jobs, construct housing, build infrastructure and provide basic services, living conditions in cities will deteriorate. This is the case in many developing countries where movements of people to principal cities continues at a rapid rate. International migration, on the other hand, has been growing, not only between neighbouring countries (which accounts for most of such migration) but also between regions, particularly that from developing to developed countries. The most pressing need at present is to maximize the benefits of migration, to both the sending and receiving countries. This will require, among other things, adopting international policies that take into account the economic constraints of the host country as well as the impact on the countries of origin.

19. In several areas, a large number of refugees have become long-term guests in neighbouring countries. The impact of providing assistance to these new arrivals presents a considerable burden to the social development system of the host countries. Flows of migrants and asylum seekers and refugees to selected

countries in Europe, North America and Oceania have continued since 1989. The need for coordinated policy and provision of short-term and emergency services responsive to the needs of refugees, recent migrants and victims of natural disasters is thus a matter of grave concern, both to the countries in question and the international community as well.

20. Sixth, the update reaffirmed that coordination between governments, donors and the organizations, agencies, funds and programmes of the United Nations system is indispensable to increased programme efficiency. However, there are many challenges to effective cooperation. In response to such challenges, the General Assembly, in its resolution 47/199, stressed the need to improve the overall effectiveness and efficiency of the United Nations development system in delivering its assistance. Resolution 47/199 further stressed that the mandates of the various entities of the United Nations system should be respected and enhanced, taking into account their complementarities, and that, therefore, "the specific activities of each funding organization, within the broad framework of the country strategy note, should be outlined in a specific country programme prepared by the recipient Government with the assistance of the funding organizations" (para. 9(d)).

21. It is in this context that UNFPA's PRSD exercise and TSS arrangements should be viewed. Both heighten the Fund's comparative advantage and maximize the impact of the assistance it provides, as well as of that provided by other donors. Both also seek to improve the Fund's effectiveness and efficiency in delivering assistance, strengthen its capacity to provide policy guidance and technical assistance and advice, and help countries build up and/or enhance their capacity to execute programmes and projects. The PRSD exercise and the Country Support Teams also serve important monitoring functions, which in turn help improve the quality and impact of the assistance being provided.

22. Seventh, satisfying current and projected unmet demand and meeting the basic needs in developing countries in the areas of population and reproductive health, including family planning, will require the mobilization of significant additional financial resources. The draft final document of the International Conference on Population and Development (A/CONF.171/PC/L.10/Add.1) contains preliminary estimates of what it would cost each year to implement the four major components of basic national programmes in the developing countries and countries with economies in transition. The estimated annual cost for implementing such components (family planning; reproductive health services; STD/HIV/AIDS prevention; and basic research, data and population and development policy analysis) in the year 2000 is $17 billion. While it should be pointed out in this regard that both the estimates and what constitutes each component are still being negotiated and thus will have to be decided upon at the Cairo Conference in September, it is clear that the additional amounts needed are substantial and require concerted and coordinated action at both the national and international levels.

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STATUS OF FINANCIAL IMPLEMENTATION OF GOVERNING COUNCIL-APPROVED COUNTRY PROGRAMMES AND PROJECTS

Report of the Executive Director

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I. INTRODUCTION

1. The objective of this report is to provide the Executive Board with information on the financial implementation of UNFPA country programmes and projects that had been approved by the Governing Council at thirty-third (1986) through fortieth (1993) sessions. This is the tenth update of the report, which is sut mitted each year in accordance with Governing Council decision 84/21 III. It should be read in conjunction with the "Work plan for 1995-1998 and Request for programme expenditure authority" (document DP/1994/45), which is also being submitted to the Executive Board at its first annual session. This report is intended for information only, and no decision or action is requested of the Executive Board.

2. The report is structured according to the date of approval rather than according to geographical or other country grouping. Information is provided on: (a) those programmes and projects that were completed in 1993 and those that were ongoing in January 1994; and (b) those that are being submitted to the Executive Board at its first annual session.

3. To give a more accurate picture of the progress of UNFPA activities, the report uses estimated expenditures in 1993 rather than allocations for that year. It also presents information on expenditures of multi-bilateral funds, as requested by the Governing Council.

4. This report provides information on the "resource delivery rate" of programmes completed in 1993. The resource delivery rate, which was defined in document DP/1989/34, is expressed as the total expenditure from all sources of funds for a programme divided by the total amount approved by the Governing Council for that programme. The "current expenditure rate" is the total expenditure accumulated up to and including 1993 divided by the total amount approved. It applies to ongoing programmes only. When a programme completes its cycle, the current expenditure rate becomes the resource delivery rate. The "overall expenditure rate" for ongoing programmes approved in a given year is the sum of the total expenditure accumulated up to and including 1993 for all ongoing programmes approved in the respective year divided by the sum of the total amount approved for these programmes.

5. It is important to note the following: the starting date of a programme is the one approved by the Governing Council; the end of a programme is either (a) the year when all projects were completed, or (b) the year when a subsequent programme began. There cannot be two contemporaneous UNFPA programmes within one country. For programmes starting and/or ending in the middle of a year, the yearly expenditures have been prorated.

6. Tables containing the details on all Governing Council-approved country programmes, new submissions and UNFPA's balance of commitments are provided in the ANNEX to this report.

II. COUNTRY PROGRAMMES APPROVED BY THE COUNCIL AT ITS THIRTY-THIRD THROUGH FORTIETH SESSIONS

7. At its thirty-third session (1986), the Governing Council approved seven country programmes. Of these, five were completed prior to 1993; one, Pakistan, was completed in June 1993; and one, Zaire, is ongoing. The estimated expenditures from regular resources for the programme in Pakistan are $11.7

million, and the resource delivery rate is estimated at 76 per cent. A new programme for Pakistan was approved last year and started in July 1993. The current expenditure rate for the programme in Zaire is 65 per cent (see table A.1).

8. At its thirty-fourth session (1987), the Governing Council approved 31 country programmes. Of these, 29 were completed prior to 1993, while two, Liberia and Somalia, are ongoing. The overall expenditure rate for these two programmes is 60 per cent (see table A.2).

9. At its thirty-fifth session (1988), the Governing Council approved 16 country programmes. Of these, 12 were completed prior to 1993, and two, Guatemala and Zambia, were completed in 1993; two, Costa Rica and Turkey, are ongoing. The estimated expenditures from regular resources for the programme in Guatemala are $2.5 million, and the resource delivery rate is estimated at 63 per cent. A new programme for Guatemala was approved in 1993 and started in January 1994. The estimated expenditures from regular resources for the programme in Zambia are $6.7 million, and the resource delivery rate is estimated at 90 per cent. A new programme for Zambia is being submitted to the Executive Board at its first annual session. For the two ongoing programmes the overall expenditure rate is estimated at 67 per cent (see table A.3).

10. At its thirty-sixth session (1989), the Governing Council approved 13 country programmes. Of these, two were completed prior to 1993; three, Chad, Nicaragua and the Philippines, were completed in 1993; and the other eight programmes are still ongoing. The estimated expenditures from regular resources for Chad, Nicaragua and the Philippines are $3.3 million, $3.1 million and $20.1 million, respectively, and the resource delivery rates are estimated at 73, 53 and 80 per cent, respectively. New programmes for these countries are being submitted to the Executive Board at its first annual session. For the ongoing programmes the overall expenditure rate is estimated at 59 per cent (see table A.4).

11. At its thirty-seventh session (1990), the Governing Council approved 13 country programmes. Of these, two were completed prior to 1993; one, the Islamic Republic of Iran, was completed in 1993; and the other ten programmes are still ongoing. The estimated expenditures from regular resources for the programme of the Islamic Republic of Iran are $3.2 million, and the resource delivery rate is estimated at 80 per cent. A new programme for the Islamic Republic of Iran is being submitted to the Executive Board at its first annual session. The overall expenditure rate for the ongoing programmes is estimated at 45 per cent (see table A.5).

12. At its thirty-eighth session (1991), the Governing Council approved 14 country programmes as well as a subregional programme for the English-speaking Caribbean. All programmes are still ongoing, and the overall expenditure rate for these programmes is estimated at 32 per cent (see table A.6).

13. At its thirty-ninth session (1992), the Governing Council approved 30 country programmes as well as a subregional programme for the South Pacific. All programmes are still ongoing, and the overall expenditure rate for these programmes is estimated at 24 per cent (see table A.7).

14. At its fortieth session (1993), the Governing Council approved 15 country programmes. All programmes are still ongoing, and the overall expenditure rate for these programmes is estimated at 13 per cent (see table A.8).

III. SUBMISSIONS OF PROPOSED COUNTRY PROGRAMMES TO THE EXECUTIVE BOARD AT ITS FIRST ANNUAL SESSION

15. UNFPA is submitting to the first annual session of the Executive Board for its consideration and approval six country programmes (two in sub-Saharan Africa, three in Asia and the Pacific, and one in Latin America and the Caribbean). The total amount for these programmes is $64.4 million, of which $48.2 million is to be programmed from regular resources (see table B). In the sub-Saharan Africa region, the two programmes submitted are for Chad and Zambia, with total amounts of $3.5 million and $6.4 million, respectively, of which $2.3 million and $4.5 million, respectively, are to be programmed from regular resources. In the Asia and the Pacific region, the three programmes submitted are for the Islamic Republic of Iran, the Maldives and the Philippines, with total amounts of $10 million, $1.5 million and $35 million, respectively, of which $10 million, $1.4 million and $25 million are to be programmed from regular resources. In the Latin America and Caribbean region, the programme submitted is for Nicaragua, with a total amount of $8 million, of which $5 million is to be programmed from regular resources.

IV. BALANCE OF UNFPA COMMITMENTS

16. The balance of UNFPA commitments (from regular resources) for ongoing programmes is $390.4 million, distributed as follows: $133 million for sub-Saharan Africa; $43.8 million for the Arab States and Europe; $159.4 million for Asia and the Pacific; and $54.2 million for Latin America and the Caribbean. If the Executive Board approves the six new programmes being submitted this year, the total balance of UNFPA commitments will increase by $48.2 million, to $438.6 million, distributed as follows: $139.8 million for sub-Saharan Africa; $43.8 million for the Arab States and Europe; $195.8 million for Asia and the Pacific; and $59.2 million for Latin America and the Caribbean (see table C).

ANNEX

Table A.1. Estimated Expenditures in Country Programmes Approved by the Governing Council in 1986

(Millions of US dollars)

A.1.a. Programmes Completed in 1993

Region and Country	Pty a/	Int. Dur. (Yrs.)	Start Date (Yr.)	Approved Amounts All Funds (1)	Approved Amounts Programmed Reg. Funds (2)	Exp. 1993 All Funds (3)	Exp. 1993 Reg. Funds (4)	Total Exp. All Funds (5)	Total Exp. Reg. Funds (6)	Resource Del. Rate % (5)/(1) (7)	Bal. (2)-(6) (8)	Exp./Prog. Reg. Funds % (6)/(2) (9)
Asia & the Pacific												
Pakistan b/	P	5.0	87	20.0	15.0	1.3	1.1	15.1	11.7	76	3.3	78

Notes:

a/ Priority country designated in accordance with Governing Council decision 82/20.

b/ New programme approved in 1993 and started in July 1993; the expenditures for 1993 are prorated. The new programme is listed in table A.8. Remaining commitment is subsumed under the new programme.

A.1.b. Ongoing Programmes

Region and Country	Pty a/	Int. Dur. (Yrs.)	Start Date (Yr.)	Approved Amounts All Funds (1)	Approved Amounts Programmed Reg. Funds (2)	Exp. 1993 All Funds (3)	Exp. 1993 Reg. Funds (4)	Total Exp. All Funds (5)	Total Exp. Reg. Funds (6)	Exp./Apr. % (5)/(1) (7)	Bal. (2)-(6) (8)	Exp./Prog. Reg. Funds % (6)/(2) (9)
Africa (sub-Saharan)												
Zaire b/	P	5.0	86	7.5	5.0	0.1	0.1	4.9	4.9	65	0.1	98

Notes:

a/ Priority country designated in accordance with Governing Council decision 82/20.

b/ Programme temporarily suspended except for a few activities.

Table A.2. Estimated Expenditures in Country Programmes Approved by the Governing Council in 1987

(Millions of US dollars)

A.2. Ongoing Programmes

Region and Country	Pty a/	Int. Dur. (Yrs.)	Start Date (Yr.)	Approved Amounts All Funds (1)	Approved Amounts Programmed Reg. Funds (2)	Exp. 1993 All Funds (3)	Exp. 1993 Reg. Funds (4)	Total Exp. All Funds (5)	Total Exp. Reg. Funds (6)	Exp./Apr. % (5)/(1) (7)	Bal. b/ (2)-(6) (8)	Exp./Prog. Reg. Funds % (6)/(2) (9)
Africa (sub-Saharan)												
Liberia c/	P	5.0	87	3.0	1.9	0.0	0.0	2.2	2.2	73	0.0	116
Arab States/Europe												
Somalia c/	P	5.0	87	6.0	4.0	0.0	0.0	3.2	3.2	53	0.8	80
Total Ongoing				9.0	5.9	0.0	0.0	5.4		60	0.8	

Notes:

a/ Priority country designated in accordance with Governing Council decision 82/20.

b/ Where the balance is less than zero it is reported here as zero.

c/ Programme temporarily suspended except for a few activities.

Table A.3. Estimated Expenditures in Country Programmes Approved by the Governing Council in 1988

(Millions of US dollars)

A.3.a. Programmes Completed in 1993

Region and Country	Pty a/	Int. Dur. (Yrs.)	Start Date (Yr.)	Approved Amounts		Exp. 1993		Total Exp.		Resource Del. Rate % (5)/(1)	Bal. b/ (2)-(6)	Exp./Prog. Reg. Funds % (6)/(2)
				All Funds	Programmed Reg. Funds	All Funds	Reg. Funds	All Funds	Reg. Funds			
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Africa (sub-Saharan)												
Zambia c/	P	5.0	88	10.0	5.8	1.1	0.9	9.0	6.7	90	0.0	116
Latin America/Caribbean												
Guatemala d/		5.0	88	4.0	4.0	0.6	0.6	2.5	2.5	63	1.5	63
Total Completed				14.0	9.8	1.7	1.5	11.5		82	1.5	

Notes:

a/ Priority country designated in accordance with Governing Council decision 88/34.

b/ Where the balance is less than zero it is reported here as zero.

c/ New programme is being submitted for approval to the first annual session of the Executive Board and is listed in table B.

d/ New programme approved in 1993 and started in January 1994. It is listed in table A.8. Remaining commitment is subsumed under the new programme.

A.3.b. Ongoing Programmes

Region and Country	Pty a/	Int. Dur. (Yrs.)	Start Date (Yr.)	Approved Amounts		Exp. 1993		Total Exp.		Exp./Apr. % (5)/(1)	Bal. (2)-(6)	Exp./Prog. Reg. Funds % (6)/(2)
				All Funds	Programmed Reg. Funds	All Funds	Reg. Funds	All Funds	Reg. Funds			
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Arab States/Europe												
Turkey b/		5.0	88	5.0	5.0	0.8	0.8	3.4	3.3	68	1.7	66
Latin America/Caribbean												
Costa Rica b/		5.0	88	2.2	2.2	0.3	0.3	1.4	1.4	64	0.8	64
Total Ongoing				7.2	7.2	1.1	1.1	4.8		67	2.5	

Notes:

a/ Priority country designated in accordance with Governing Council decision 88/34.

b/ Programme is being extended by two years.

Table A.4. Estimated Expenditures in Country Programmes Approved by the Governing Council in 1989

(Millions of US dollars)

A.4.a. Programmes Completed in 1993

Region and Country	Pty a/	Int. Dur. (Yrs.)	Start Date (Yr.)	Approved Amounts		Exp. 1993		Total Exp.		Resource Del. Rate % (5)/(1)	Bal. (2)-(6)	Exp./Prog. Reg. Funds % (6)/(2)
				All Funds	Programmed Reg. Funds	All Funds	Reg. Funds	All Funds	Reg. Funds			
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Africa (sub-Saharan)												
Chad b/	P	5.0	89	4.5	3.5	1.0	1.0	3.3	3.3	73	0.2	94
Asia & the Pacific												
Philippines b/	P	5.0	89	25.0	21.0	6.1	6.1	20.1	20.1	80	0.9	96
Latin America/Caribbean												
Nicaragua b/		4.0	89	12.2	5.9	1.0	0.7	6.5	3.1	53	2.8	53
Total Completed				41.7	30.4	8.1	7.8	29.9		72	3.9	

Notes:

a/ Priority country designated in accordance with Governing Council decision 88/34.

b/ New programme is being submitted for approval to the first annual session of the Executive Board and is listed in table B. Remaining commitment is subsumed under the new programme.

A.4.b. Ongoing Programmes

Region and Country	Pty a/	Int. Dur. (Yrs.)	Start Date (Yr.)	Approved Amounts		Exp. 1993		Total Exp.		Exp./Apr. % (5)/(1)	Bal. (2)-(6)	Exp./Prog. Reg. Funds % (6)/(2)
				All Funds	Programmed Reg. Funds	All Funds	Reg. Funds	All Funds	Reg. Funds			
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Africa (sub-Saharan)												
Comoros b/	P	5.0	89	4.0	3.5	0.4	0.4	2.9	2.9	73	0.6	83
Mauritius c/		4.0	89	2.5	2.5	0.4	0.4	1.5	1.5	60	1.0	60
Togo b/	P	5.0	89	5.0	4.0	0.4	0.4	2.7	2.7	54	1.3	68
Zimbabwe b/		5.0	89	10.0	6.5	1.6	1.6	4.9	4.9	49	1.6	75
Subtotal				21.5	16.5	2.8	2.8	12.0		56	4.5	
Arab States/Europe												
Algeria b/		5.0	89	9.2	7.5	1.3	1.3	3.6	3.6	39	3.9	48
Asia & the Pacific												
China	P	5.0	90	57.0	57.0	9.1	9.1	37.7	37.7	66	19.3	66
Latin America/Caribbean												
El Salvador c/		5.0	89	8.7	6.0	0.8	0.8	2.8	2.8	32	3.2	47
Panama b/		5.0	89	2.0	2.0	0.4	0.4	1.7	1.7	85	0.3	85
Subtotal				10.7	8.0	1.2	1.2	4.5		42	3.5	
Total Ongoing				98.4	89.0	14.4	14.4	57.8		59	31.2	

Notes:

a/ Priority country designated in accordance with Governing Council decision 88/34.

b/ Programme is being extended by one year.

c/ Programme is being extended by two years.

Table A.5. Estimated Expenditures in Country Programmes Approved by the Governing Council in 1990

(Millions of US dollars)

A.5.a. Programmes Completed in 1993

Region and Country	Pty a/	Int. Dur. (Yrs.)	Start Date (Yr.)	Approved Amounts		Exp. 1993		Total Exp.		Resource Del. Rate % (5)/(1)	Bal. (2)-(6)	Exp./Prog. Reg. Funds % (6)/(2)
				All Funds	Programmed Reg. Funds	All Funds	Reg. Funds	All Funds	Reg. Funds			
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Asia & the Pacific												
Iran, Islamic Rep. b/		2.0	90	4.0	4.0	2.0	2.0	3.2	3.2	80	0.8	80

Notes:

a/ Priority country designated in accordance with Governing Council decision 88/34.

b/ New programme is being submitted to the first annual session of the Executive Board and is listed in table B. Remaining commitment is subsumed under the new programme.

A.5.b. Ongoing Programmes

Region and Country	Pty a/	Int. Dur. (Yrs.)	Start Date (Yr.)	Approved Amounts		Exp. 1993		Total Exp.		Exp./Apr. % (5)/(1)	Bal. (2)-(6)	Exp./Prog. Reg. Funds % (6)/(2)
				All Funds	Programmed Reg. Funds	All Funds	Reg. Funds	All Funds	Reg. Funds			
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Africa (sub-Saharan)												
Angola		5.0	91	8.5	7.0	1.1	1.0	3.0	2.8	35	4.2	40
Ghana	P	5.0	91	10.0	9.0	2.1	1.5	5.2	4.2	52	4.8	47
Seychelles		5.0	90	0.7	0.7	0.3	0.3	0.5	0.5	71	0.2	71
Subtotal				19.2	16.7	3.5	2.8	8.7		45	9.2	
Arab States/Europe												
Syrian Arab Rep.		5.0	90	10.0	10.0	2.3	2.0	5.3	4.7	53	5.3	47
Asia & the Pacific												
Indonesia	P	4.0	91	25.0	22.0	3.1	3.1	10.3	10.3	41	11.7	47
Korea (DPRK) b/		4.0	90	6.0	6.0	1.1	1.1	4.0	4.0	67	2.0	67
Subtotal				31.0	28.0	4.2	4.2	14.3		46	13.7	
Latin America/Caribbean												
Cuba		5.0	90	4.0	4.0	1.0	1.0	2.6	2.4	65	1.6	60
Ecuador		5.0	90	7.0	7.0	0.7	0.7	2.7	2.7	39	4.3	39
Haiti	P	5.0	90	10.0	7.0	0.9	0.9	2.7	2.7	27	4.3	39
Mexico		5.0	90	20.0	18.0	2.3	2.3	9.5	9.5	48	8.5	53
Subtotal				41.0	36.0	4.9	4.9	17.5		43	18.7	
Total Ongoing				101.2	90.7	14.9	13.9	45.8		45	46.9	

Notes:

a/ Priority country designated in accordance with Governing Council decision 88/34.

b/ Programme is being extended by one year.

Table A.6. Estimated Expenditures in Country Programmes Approved by the Governing Council in 1991

(Millions of US dollars)

A.6. Ongoing Programmes

Region and Country	Pty *	Int. Dur. (Yrs.)	Start Date (Yr.)	Approved Amounts		Exp. 1993		Total Exp.		Exp./Apr. % (5)/(1)	Bal. (2)-(6)	Exp./Prog. Reg. Funds % (6)/(2)
				All Funds	Programmed Reg. Funds	All Funds	Reg. Funds	All Funds	Reg. Funds			
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Africa (sub-Saharan)												
Burkina Faso	P	5.0	92	10.0	6.5	1.3	1.0	2.4	1.9	24	4.6	29
Cape Verde	P	5.0	91	4.0	2.5	0.6	0.5	1.6	1.5	40	1.0	60
Congo		4.0	91	4.0	2.7	0.3	0.3	1.1	1.1	28	1.6	41
Mauritania	P	5.0	92	5.0	4.5	0.7	0.7	1.1	1.1	22	3.4	24
Niger	P	5.0	92	10.7	6.5	1.1	1.1	1.9	1.8	18	4.7	28
Subtotal				33.7	22.7	4.0	3.6	8.1		[illegible]	15.3	
Arab States/Europe												
Albania		5.0	91	3.0	3.0	0.8	0.8	2.1	2.1	70	0.9	70
Morocco	P	5.0	92	17.0	12.0	3.3	3.3	4.5	4.5	26	7.5	38
Tunisia		5.0	92	10.0	5.0	1.3	1.3	2.3	2.3	23	2.7	46
Subtotal				30.0	20.0	5.4	5.4	8.9		30	11.1	
Asia & the Pacific												
Bangladesh	P	5.0	91	35.0	28.0	3.8	3.3	10.9	8.4	31	19.6	30
India	P	5.0	91	90.0	70.0	11.4	10.5	33.0	32.1	37	37.9	46
Malaysia		4.0	92	1.5	1.5	0.1	0.1	0.6	0.6	40	0.9	40
Subtotal				126.5	99.5	15.3	13.9	44.5		35	58.4	
Latin America/Caribbean												
Bolivia	P	5.0	91	10.0	5.5	1.4	1.2	3.5	2.9	35	2.6	53
Caribbean		4.0	92	6.0	4.0	0.8	0.8	1.7	1.5	28	2.5	38
Dominican Republic		4.0	91	6.0	3.0	0.7	0.7	1.8	1.8	30	1.2	60
Honduras	P	5.0	91	7.5	5.0	0.8	0.8	2.3	2.3	31	2.7	46
Subtotal				29.5	17.5	3.7	3.5	9.3		32	9.0	
Total Ongoing				**219.7**	**159.7**	**28.4**	**26.4**	**70.8**		**32**	**93.8**	

Notes:

* Priority country designated in accordance with Governing Council decision 88/34.

Table A.7. Estimated Expenditures in Country Programmes Approved by the Governing Council in 1992

(Millions of US dollars)

A.7. Ongoing Programmes

Region and Country	Pty a/	Int. Dur. (Yrs.)	Start Date (Yr.)	Approved Amounts		Exp. 1993		Total Exp.		Exp./Apr. % (5)/(1)	Bal. (2)-(6)	Exp./Prog. Reg. Funds % (6)/(2)
				All Funds	Programmed Reg. Funds	All Funds	Reg. Funds	All Funds	Reg. Funds			
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Africa (sub-Saharan)												
Benin	P	3.0	92	4.6	2.8	0.9	0.8	2.1	1.6	46	1.2	57
Botswana		5.0	92	3.7	3.0	0.9	0.9	1.6	1.6	43	1.4	53
Burundi	P	5.0	93	7.8	6.0	1.7	1.4	1.7	1.4	22	4.6	24
Cameroon		5.0	92	7.5	6.0	0.9	0.9	1.3	1.3	17	4.7	22
Gabon		5.0	92	2.0	2.0	0.2	0.2	0.5	0.5	25	1.5	25
Gambia	P	5.0	92	4.0	2.0	0.9	0.5	1.7	1.3	43	0.7	65
Guinea	P	5.0	92	5.9	4.0	0.7	0.7	1.3	1.3	22	2.7	33
Kenya	P	4.0	92	13.6	9.6	2.2	1.9	3.7	3.2	27	6.4	33
Lesotho	P	5.0	92	3.5	2.5	0.8	0.8	1.5	1.5	43	1.0	60
Malawi	P	5.0	92	10.5	6.5	1.4	1.4	2.4	2.4	23	4.1	37
Mozambique	P	3.0	92	8.0	5.0	2.0	1.7	3.0	2.7	38	2.3	54
Namibia		5.0	92	4.5	3.0	1.3	0.5	2.3	0.6	51	2.4	20
Nigeria	P	5.0	92	35.0	21.0	1.9	0.9	2.9	1.9	8	19.1	9
Senegal	P	5.0	92	12.0	9.0	1.3	1.3	2.5	2.5	21	6.5	28
Swaziland		5.0	92	2.8	2.0	0.6	0.6	0.9	0.9	32	1.1	45
Tanzania, United Rep.	P	5.0	92	21.0	13.0	4.0	3.6	6.7	6.2	32	6.8	48
Subtotal				146.4	97.4	21.7	18.1	36.1		25	66.5	
Arab States/Europe												
Egypt	P	5.0	92	20.0	10.0	0.8	0.8	2.0	2.0	10	8.0	20
Jordan		5.0	92	7.0	5.0	0.6	0.6	1.0	1.0	14	4.0	20
Sudan b/	P	2.0	92	5.5	5.0	3.4	3.4	4.0	4.0	73	1.0	80
Yemen	P	5.0	92	15.0	10.0	1.2	1.2	2.1	2.0	14	8.0	20
Subtotal				47.5	30.0	6.0	6.0	9.1		19	21.0	
Asia & the Pacific												
Bhutan c/	P	5.0	92	2.8	2.2	0.5	0.5	0.7	0.7	25	1.5	32
Mongolia		5.0	92	4.0	4.0	0.8	0.7	1.4	1.3	35	2.7	33
Nepal c/	P	5.0	92	19.0	15.0	3.4	3.1	4.4	4.2	23	10.8	28
Papua New Guinea		5.0	92	5.5	4.0	0.4	0.3	0.6	0.5	11	3.5	13
South Pacific	d/	5.0	92	12.5	10.0	1.9	1.9	3.6	3.6	29	6.4	36
Sri Lanka	P	5.0	92	6.0	5.0	1.0	0.9	1.7	1.7	28	3.3	34
Thailand		5.0	92	7.0	6.0	0.7	0.4	1.3	0.9	19	5.1	15
Viet Nam	P	4.0	92	36.0	25.0	7.3	6.6	12.1	11.2	34	13.8	45
Subtotal				92.8	71.2	16.0	14.4	25.8		28	47.1	
Latin America/Caribbean												
Brazil		5.0	92	15.0	12.0	1.0	1.0	2.4	2.4	16	9.6	20
Paraguay		4.0	93	5.0	2.5	0.3	0.3	0.3	0.3	6	2.2	12
Peru		5.0	92	12.0	8.0	1.3	1.3	2.0	2.0	17	6.0	25
Subtotal				32.0	22.5	2.6	2.6	4.7		15	17.8	
Total Ongoing				318.7	221.1	46.3	41.1	75.7		24	152.4	

Notes:

a/ Priority country designated in accordance with Governing Council decision 88/34, as adjusted in 1992.

b/ Programme is being extended by one year.

c/ Started in July. All others started in January.

d/ Consists of one priority country and 13 non-priority countries.

Table A.8. Estimated Expenditures in Country Programmes Approved by the Governing Council in 1993

(Millions of US dollars)

A.8. Ongoing Programmes

Region and Country	Pty a/	Int. Dur. (Yrs.)	Start Date (Yr.)	Approved Amounts		Exp. 1993		Total Exp.		Exp./Apr. % (5)/(1)	Bal. (2)-(6)	Exp./Prog. Reg. Funds % (6)/(2)
				All Funds	Programmed Reg. Funds	All Funds	Reg. Funds	All Funds	Reg. Funds			
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Africa (sub-Saharan)												
Central African Rep.	P	4.0	93	4.6	3.6	0.8	0.8	0.8	0.8	17	2.8	22
Cote d'Ivoire		4.0	93	5.6	4.9	1.2	1.2	1.2	1.2	21	3.7	24
Equatorial Guinea		5.0	93	3.4	2.7	0.2	0.2	0.2	0.2	6	2.5	7
Ethiopia	P	5.0	93	19.0	11.0	4.4	4.4	4.4	4.4	23	6.6	40
Guinea-Bissau	P	5.0	93	3.8	2.6	0.5	0.1	0.5	0.1	13	2.5	4
Madagascar	P	5.0	93	7.0	5.0	1.1	1.1	1.1	1.1	16	3.9	22
Mali	P	4.0	93	5.2	3.2	0.8	0.8	0.8	0.8	15	2.4	25
Rwanda	P	5.0	93	7.0	4.5	0.9	0.7	0.9	0.7	13	3.8	16
Sao Tome & Principe	P	4.0	93	1.8	1.3	0.4	0.4	0.4	0.4	22	0.9	31
Sierra Leone	P	5.0	93	5.2	3.5	0.5	0.5	0.5	0.5	10	3.0	14
Uganda	P	4.0	93	14.0	8.0	2.8	2.7	2.8	2.7	20	5.3	34
Subtotal				76.6	50.3	13.6	12.9	13.6		18	37.4	
Asia & the Pacific												
Lao, PDR	P	4.0	93	3.5	2.5	0.5	0.5	0.5	0.5	14	2.0	20
Pakistan b/	P	5.0	93	30.0	20.0	1.3	1.1	1.3	1.1	4	18.9	6
Subtotal				33.5	22.5	1.8	1.6	1.8		5	20.9	
Latin America/Caribbean												
Colombia		4.0	93	5.0	3.0	0.6	0.6	0.6	0.6	12	2.4	20
Guatemala		4.0	94	3.5	2.0						2.0	
Subtotal				8.5	5.0	0.6	0.6	0.6		7	4.4	
Total Ongoing				118.6	77.8	16.0	15.1	16.0		13	62.7	

Notes:

a/ Priority country designated in accordance with Governing Council decision 88/34, as adjusted in 1992.

b/ Started in July; the expenditures for 1993 are prorated. All other programmes started in January.

Table B. New Submissions, 1994 a/ b/

(Millions of US dollars)

Region and Country	Pty c/	Int. Dur. (Yrs.)	Start Date (Yr.)	Programmed Regular Funds	Other Resources	Total Amount Submitted
Africa (sub-Saharan)						
Chad	P	2.0	94	2.3	1.2	3.5
Zambia	P	3.0	94	4.5	1.9	6.4
Subtotal				6.8	3.1	9.9
Asia & the Pacific						
Iran, Islamic Rep.		5.0	94	10.0	0.0	10.0
Maldives	P	3.0	94	1.4	0.2	1.5
Philippines	P	5.0	94	25.0	10.0	35.0
Subtotal				36.4	10.2	46.5
Latin America/Caribbean						
Nicaragua	P	5.0	94	5.0	3.0	8.0
Total				**48.2**	**16.3**	**64.4**

Notes:

Figures may not add up to the totals given due to rounding.

a/ All figures are subject to modification in the individual country programmes after submission of this document.

b/ All submissions are for programmes. There are no submissions for large-scale projects.

c/ Priority country designated in accordance with Governing Council decision 88/34, as adjusted in 1992.

Table C. Balance of UNFPA Commitments

(Millions of US dollars)

	Balance of Commitments		
	Ongoing Programmes a/	New Submissions b/	Total
	(1)	(2)	(1)+(2)
Africa	133.0	6.8	139.8
Arab States and Europe	43.8		43.8
Asia and the Pacific	159.4	36.4	195.8
Latin America and the Caribbean	54.2	5.0	59.2
Total	**390.4**	**48.2**	**438.6**

Notes:

a/ Balance of commitments from ongoing programmes (tables A.1.b, A.2, A.3.b, A.4.b, A.5.b, A.6, A.7 and A.8).

b/ See table B.

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INTERIM REPORT ON THE IMPLEMENTATION OF THE SECOND UNFPA COUNTRY PROGRAMME FOR EQUATORIAL GUINEA

REPORT BY THE EXECUTIVE DIRECTOR

In response to Governing Council decision 93/27 C of 18 June 1993, this report provides information on the status of implementation of the UNFPA country programme for 1993-1997 in Equatorial Guinea.

I. INTRODUCTION

1. This report has been prepared in response to Governing Council decision 93/27 C, in which the Council approved the second comprehensive population programme (1993-1997) for Equatorial Guinea with the provision that the Executive Director of UNFPA should submit to the Council at its forty-first session an interim report on the implementation of the programme.

II. STATUS OF THE SECOND COUNTRY PROGRAMME

2. Based on the findings and recommendations of the August 1992 Programme Review and Strategy Development (PRSD) mission, the following objectives were established for the second UNFPA country programme:

(a) To increase awareness on population issues by developing and implementing a comprehensive and well-coordinated multimedia national population information, education and communications (IEC) programme;

(b) To integrate family planning services into maternal and child health (MCH) centres in order to help reduce maternal and infant morbidity and mortality;

(c) To enhance the status of women and promote their participation in national development activities;

(d) To strengthen national capacity to collect, process and disseminate population data and to carry out population research.

3. The current status of the implementation of the above objectives is described below.

A. Increasing awareness on population issues through a national multimedia IEC programme

4. With the support of UNFPA, the Government of Equatorial Guinea, through the Secretariat of State for Press, Radio and Television, has been promoting population IEC activities. This has been carried out through: (a) weekly radio and television programmes aimed at decision makers and the public at large; and (b) radio and television debates and programmes on issues relating to family life education, family planning, prevention of HIV/AIDS and other sexually transmitted diseases (STDs), ante-natal and post-natal care, and women, population and development issues. In these activities, there has been good collaboration between the Secretariat and the various Ministries involved in population and population-related issues such as Justice and Religious Affairs, Health, Culture, Women's Affairs, Agriculture, and Planning and International Cooperation.

5. At the same time and to consolidate the above efforts, UNFPA is in the final stages of formulating its assistance to the IEC sector. This assistance is intended, inter alia, to provide the Government with the basic institutional framework and skilled human resources to promote and coordinate population IEC activities in the country and to increase awareness of population issues. The aim is to contribute to an effective change in attitudes towards population issues in the country.

B. Integrating family planning services into MCH centres to reduce maternal and infant morbidity and mortality

6. The Government has taken a number of positive steps to ensure that family planning services can be made available nationwide. For example, in March/April 1993, the Ministry of Health revised the country's restrictive law on family planning in accordance with WHO recommendations on Safe Motherhood and the

risk approach, which stresses the importance of addressing the needs of women most at risk during pregnancy. The revised law was discussed in April 1993 by the Interministerial Council and later by the Government Cabinet. It will be submitted to the new Parliament in 1994 for approval. In the meantime, the Government has explicitly authorized the implementation of family planning activities in all parts of the country.

7. To provide a technical framework for donors and to develop guidelines for delivering MCH/FP services within the national health system, the Ministry of Health organized a workshop in June 1993 to revise the national MCH/FP strategy, establish clinical norms and formulate supervision guidelines. The workshop was attended by 27 qualified health workers from the Ministry of Health as well as by experts from multilateral organizations such as WHO, UNICEF and UNFPA and from bilateral donor agencies, including Spain and Cuba, among others.

8. In October 1993, a new Family Welfare Association was created with substantial support from the Nairobi-based Regional Office of the International Planned Parenthood Federation (IPPF). The Association has been given accreditation by the Government.

9. The necessary conditions have thus been created for the effective take-off of the new MCH/FP activities proposed by UNFPA, which aim primarily at integrating Safe Motherhood services, including family planning services, into selected pilot MCH centres. The close collaboration with other donors and NGOs involved in the health sector will facilitate the implementation process.

C. Enhancing the status of women and promoting their participation in national development

10. As a first step towards achieving the objectives of the UNFPA country programme in this area, the Government has: (a) established a multi-disciplinary committee responsible for ensuring that women are integrated into the development process; and (b) assigned additional staff to the Ministry of Women and Social Affairs. These actions will greatly facilitate the implementation of the proposed women, population and development activities which seek, inter alia, to strengthen the institutional capacity of the Ministry, restructure the programmes of the Ministry's training centres and develop a multisectoral action plan that will provide the framework for donor assistance in the area of women, population and development.

D. Strengthening national capacity for data collection and research

11. The technical assistance provided in this area by the UNFPA Country Support Team (CST) based in Dakar, Senegal, has made it possible for the Government to implement requisite preparatory activities for the second population and housing census, namely, to update cartographic materials, design questionnaires, prepare technical documents for the census enumeration, train census fieldworkers, develop the publicity campaign and undertake the pilot census survey. The census enumeration could not take place in July 1993 as planned, however, because of the lack of financial resources. As a result, the enumeration will now take place in 1994. The technical assistance provided in this area is a good example of how effective the CST modality can be in the transfer of technology to national staff and the strengthening of national capacity.

12. During the year, the Government prepared a draft document recommending the creation of an interministerial Technical Population Committee and outlining the Committee's responsibilities, foremost among which would be the establishment of the goals and framework for a national population policy. The draft document must still be discussed later this year by all parties concerned before it can be officially adopted.

13. The Government has been active in the preparatory activities for the International Conference on Population and Development (ICPD), scheduled to take place in Cairo, Egypt, in September 1994. It has established a National Preparatory Committee which has prepared the country report being submitted to the

Conference. The sensitization activities of the Committee have further enhanced the awareness of the general public to population issues.

III. PROGRAMME COORDINATION AND FUNDRAISING

14. UNFPA maintained regular contacts with multilateral organizations and bilateral donors accredited to the country to help coordinate technical assistance programmes and to mobilize additional resources for programme implementation. Potential donors expressed interest and their willingness to contribute to the IEC, Safe Motherhood/family planning, and women's activities. However, the interest shown has not yet been translated into actual commitments.

IV. CONCLUSION AND RECOMMENDATION BY THE EXECUTIVE DIRECTOR

15. This interim report shows clearly the positive achievements made in 1993 as a result of the recent commitment of the Government to population issues under very difficult political conditions. UNFPA therefore reaffirms the relevance of the objectives and strategies of the second country programme to the population and development process of Equatorial Guinea.

16. The Executive Director therefore recommends the continued implementation of the second country programme for Equatorial Guinea as presented to the Governing Council at its fortieth session in document DP/FPA/CP/129.

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INTERIM REPORT ON THE IMPLEMENTATION OF THE THIRD POPULATION PROGRAMME OF THE GOVERNMENT OF RWANDA

REPORT BY THE EXECUTIVE DIRECTOR

In response to Governing Council decision 93/27 C of 18 June 1993, this report provides information on the status of implementation of the third UNFPA country programme for Rwanda, 1993-1997, and the impact of the evolution of the general context of the country on the implementation of the programme.

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I. INTRODUCTION

1. During its fortieth session held in June 1993 in New York, the Governing Council approved the third comprehensive population programme, 1993-1997, for Rwanda (DP/FPA/CP/129) with the provision that the Executive Director should present an interim report to the Council at its forty-first session on the implementation of the programme given the general context of the conditions in the country. The present report has been prepared in response to the decision of the Governing Council.

II. CURRENT SITUATION IN THE COUNTRY

2. At the time of the approval of the country programme in 1993, Rwanda had suffered from three years of civil war. The Rwandese Patriotic Front (RPF) occupied the area along the northern border with Uganda, where a demilitarized zone had been established. It is estimated that the war has caused the displacement of 900,000 people. Many of these people, especially the children, suffer from malnutrition as well as infectious and diarrhoeal diseases.

3. A peace agreement between the warring parties was reached in August 1993. The United Nations Assistance Mission for Rwanda (UNAMIR) was sent to the country to monitor the security situation and the repatriation of refugees and resettlement of displaced persons. Its presence was meant to establish a climate conducive to installing a transitional government. National elections, leading to the installation of a new Government, are expected to be held by October 1995.

III. IMPACT OF THE CURRENT SITUATION ON THE IMPLEMENTATION OF THE PROGRAMME

4. By the end of February 1994, the transitional Government had still not been constituted due primarily to questions related to the choice of deputies and nomination of ministers. This impasse has slowed down governmental activities, particularly in the central administration. This is particularly the case in the Ministry of Health where the appointment of a new Minister has long been awaited. However, at the operational level, activities related to maternal and child health and family planning (MCH/FP) are still being carried out.

5. During 1993, UNFPA activities in Rwanda were mainly devoted to the formulation of new projects in the fields of MCH/FP, women, population and development, and population information, education and communication (IEC). Projects in the first two of these areas were approved during the second half of the year. The project development phase did not encounter any major problems. Technical advisers, including a regional adviser from the UNFPA Country Support Team in Harare, Zimbabwe, who was brought in to assist with the preparation of the MCH/FP and women, population and development project requests, worked effectively with national counterparts and other government officials.

6. It is primarily in the IEC sector that socio-political changes may affect the implementation of the country programme. The IEC strategy developed by the National Population Office (ONAPO) -- to be implemented in three provinces, Gisenyi, Ruhengeri and Kigali -- rests strongly on the social mobilization movement established by the former one-party system Government. It is based on the use of volunteer workers to sensitize the population at the grass-roots level to family life education and to the advantages of family planning for the health of mothers and children. With the democratization process and the institution of a multi-party form of government, the volunteer workers movement has been dismantled.

7. Since a new IEC strategy now has to be put in place, ONAPO is contemplating recruiting the former volunteer workers and attaching them to regional multimedia centres. ONAPO also plans to develop an umbrella IEC project to coordinate IEC activities undertaken by various ministries, such as the Ministry of Agriculture (through its extension workers), the Ministry of Health (through health agents) and the Ministry of Social Affairs (through social workers).

8. In the area of MCH/FP, special services will have to be put in place to reach displaced persons and to respond to their specific needs. In coordination with UNICEF and international NGOs active in emergency programmes in the country, UNFPA is designing strategies to integrate family planning into emergency health services.

9. In line with the Government's policy of decentralization, the programme is concentrating its interventions in the three provinces of Gisenyi, Ruhengeri and Kigali. At present, it is possible to carry out activities throughout the first two provinces. However, the extreme northern part of Ruhengeri has been affected by the war and is currently included in the demilitarized zone. Work therefore has had to be suspended in that area.

IV. STATUS OF THE IMPLEMENTATION OF THE UNFPA PROGRAMME

10. Based on the findings and recommendations of UNFPA's 1992 Programme Review and Strategy Development (PRSD) mission, the overall objectives of the third comprehensive population programme were: (a) to strengthen the Government's capacity to bring the population growth rate into balance with the country's resources and environmental constraints; and (b) to assist the Government to come as close as possible to meeting the major demographic goals set forth in the population policy document officially approved in June 1990. The specific objectives of the programme are to assist the Government in reducing its annual population growth rate from the current rate of 3.4 per cent to 2.8 per cent by increasing the contraceptive prevalence rate from 12 per cent to 28 per cent and by reducing the contraceptive drop-out rate by 50 per cent and the total fertility rate from 7.9 to 6.2 children per woman by 1997.

11. An MCH/FP project, programmed for 1993-1997, was developed with the technical assistance of the regional adviser of the Harare-based Country Support Team (CST). It was approved in September 1993 in the amount of $2.5 million with a three-fold objective: (a) to assist in establishing the Ministry of Health as the leader and coordinator in the field of family planning through the reinforcement of its managerial and technical capabilities; (b) to contribute to increasing the contraceptive prevalence rate from 12 per cent to 28 per cent; and (c) to contribute to a 50 per cent decrease in maternal mortality linked to pregnancy-related problems and deliveries. Activities up to now have included setting up offices; organizing a seminar to orient the programme activities and disseminate the 1994 work plan; procuring contraceptives, equipment and vehicles; and starting the process for recruiting a long-term adviser. The project is executed by the Government and UNFPA, with technical backstopping by the Country Support Team.

12. In the area of women, population and development, a three-year project in the amount of $500,000 was approved in December 1993. Its main objectives are to reinforce the technical capabilities of the newly established Ministry for the Family and Women's Protection to: (a) develop and manage projects integrating women into the development process; and (b) elaborate an action plan for future activities. The International Labour Organisation (ILO) is the executing agency. Activities await the arrival of the Chief Technical Adviser and the United Nations Volunteer. UNDP co-funds the project by providing support of $195,000 for the adviser.

13. In the area of IEC, a pre-project was approved in 1993 in the amount of $275,000 for the services of an international adviser and for support for ONAPO's voluntary interpersonal communicators. A project document for the umbrella IEC project discussed in paragraph 7 above has now been developed and is being appraised.

14. In addition to these three projects, activities related to the processing and analysis of the 1991 Population and Housing Census, undertaken by the Bureau of Census of the Ministry of Planning, are well advanced. In 1993, publications were released that analysed the Post-Enumeration Survey, presented preliminary results of the census, and analysed the main results based on a 10 per cent sample.

V. CONCLUSION AND RECOMMENDATION BY THE EXECUTIVE DIRECTOR

15. This interim report shows that, in spite of the slow process for the institution of the transitional government, the development of the third population programme for Rwanda has had a satisfactory beginning with the approval of three projects, of which the MCH/FP project represents 43 per cent of the total amount of the programme, and the drafting of an IEC project. Activities related to the analysis and publication of the 1991 population and housing census have also progressed very satisfactorily. UNFPA therefore reaffirms the relevance of the overall objectives and strategies of the third population programme approved by the Governing Council in 1993.

16. The Executive Director recommends that the Executive Board approve the continued implementation of the third population programme for the Government of Rwanda with the modification in the IEC strategy described in paragraph 7 above.